

CANCER PROGNOSIS MANUAL

By

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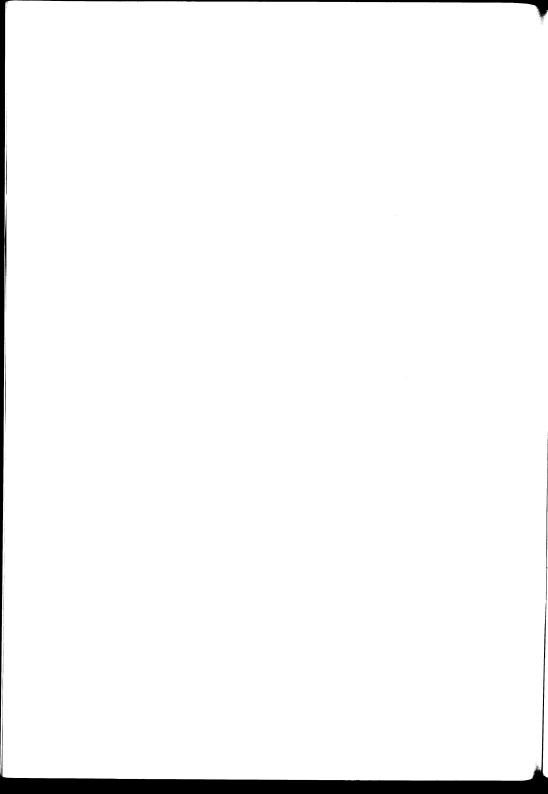






ACKNOWLEDGEMENT

Sincere thanks and appreciation for technical assistance by Mrs. Barbara Wall in the preparation of this Manual.



FOREWORD

Physicians as a whole, and too many surgeons, are inadequately informed concerning the prognosis of various types of malignant tumors. Some tumors respond very satisfactorily to correct therapy, whereas a few are associated with a very low 5-year survival rate in spite of the proper application of the optimum methods of therapy known today. The physician should be correctly informed concerning the probability of eradication of the disease following proper therapy, because the patient, or at least the patient's relatives, should be informed of the expected result.

The methods used in reporting cancer end results have been so varied that it is often impossible for even the most discriminative to compare statistics of articles dealing with the same disease. In this Manual the author offers a uniform method of reporting, which should obviate some of this difficulty. He also advocates a uniform classification, which should help to further simplify the process of end result reporting.

The Manual provides a summary of his review of a great number of publications dealing with results and prognosis. These references are listed after each tumor considered, and thus allows the reader to refer to the various publications for more detailed information. Since the material was obtained from articles published between 1953 through 1957, the data can be considered up to date.

This Manual should prove to be of inestimable value for the medical student, busy practitioner, and teaching staffs, and is to be recommended for general use.

> Wann H. Cole Warren H. Cole, M.D.

PREFACE

Only by utilizing the absolute survival rate is it possible to compare statistics from various institutions on an equal basis. The results of figures reported in this manner, of course, are not as good as when there is some degree of selection. On page 6, for example, the absolute 5-year survival rate is listed in one column. Opposite is the 5-year survival rate for Stage I and/or Stage II lesions. The figures for the earlier lesions present a much more optimistic survival picture and emphasize the importance of early diagnosis and treatment.

The figures used in this Manual were calculated from material appearing in the current literature in the years 1953 through 1957. It may be argued that this doesn't represent the true prognosis of cancer, since the majority of cancer cases are not reported in the literature and the reports are usually presented by the larger institutions. All reported series of cases in this period of time were included and large numbers of cases are included for each site, so that the prognosis figures as determined in this manner are as true as it is possible to calculate. Only the more common cancer sites are included in this Manual.

It is hoped that the prognosis material included, the staging advocated, and the bibliography included for each area, will make this a valuable addition to the students' and clinicians' library.

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PART I

A. Purpose of Reporting End Results

The best yardstick available for determining the efficiency of a given mode of cancer therapy is the percentage of patients kept alive by that particular therapy. A uniform method of tabulation of cancer therapy results must be established for both individual physicians, the smaller hospitals and clinics, and research and teaching institutions, in order that valid comparisons and evaluations can be made by the medical profession.

The task of framing a standard system for cancer staging and end results reporting is a prodigious one. The staging in this Manual is a ready reference for students and physicians and emphasizes the necessity for uniform clinical stage classification and end result reporting. This classification is simplified and is not intended as a definitive clinical classification for the more elaborate study of cancer at specific sites.

At the present there are several important committees at work on clinical classification for end result reporting. Among these are the Committee on Clinical Staging and Applied Statistics of the International Union Against Cancer, The American Joint Committee for Clinical Staging and End Result Reporting, and committees representing various subspecialty groups.

The American Joint Committee consists of representatives from the American College of Surgeons, the American College of Radiology, The College of American Pathologists, The American College of Physicians, The American Cancer Society and the National Cancer Institute. There are five subcommittees of this group at work on the various cancer site classifications.

The American Joint Committee is making every effort to cooperate with the Clinical Classification Committee of the International Union Against Cancer and to use the basic principles of classification adopted by that committee.

The purpose of this Manual is threefold. First, a simple but concise and practical table for the recording of end results is presented. This method has been consistently utilized in this Manual for the reporting of end results for all organs of the body. Although minor flaws were encountered, such as insufficient statistical material for reporting in each category, it is felt that, of far greater importance, this table offers to the physician a complete and uniform method that can be simply applied to all neoplastic diseases with particular regard to treatment, stage of disease, and pathology. It must be kept in mind that a prime difficulty in collecting the data herein reported was the adaption of others' figures to this table. In no instance, when a case was questionable for a particular category, was it included. With the reporting of statistics specifically for this table, a completeness of each category will rapidly occur, and the system will become even more practical and valid for comparisons. This method of presentation may be criticized by some as being too general, too nonspecific, or offering too many variable factors. However, if examined closely, it can be seen that the basic categories used can easily be more technically subdivided or expanded to give as specific information as is desired (for example: Topic: Surgery and Radiation Therapy could be further outlined as to exact surgery and type and dosage of radiation). In addition, cross-categories can be established after completion of the basic outline (such as: cases treated by Surgery alone in Stage I, II, III, and IV of disease, etc.).

Second in purpose, a method of <u>staging of neoplastic diseases</u> for all organs is presented. When comparing modes of therapy and determining prognosis, the clinical stage or description of the cancer must be considered and compared with cases of disease of similar extent. Again, striving for simplicity and uniformity, the League of Nations staging for cancer of the cervix was used as a model, and, as much as possible, adapted to each organ in the following manner:

Stage I - disease which is limited to the organ in which it originated.

Stage II - disease which is just locally outside of the confines of the primary organ with no other organ or lymph node metastasis.

Stage III - disease which has metastasized to the regional lymph nodes.

 $\underline{\text{Stage IV}}$ - disease which has metastasized to distant lymph nodes and/or distant organs.

Third in purpose, this group of statistics is presented as a <u>reference</u> for the medical student, interne, resident and clinician. It is hoped that this Manual will serve as an encyclopedia of cancer end results and a bibliography for all recent cancer prognosis literature.

New material will be added to this Manual at regular intervals for future editions. It is desired that material be submitted to the author by an individual or institution for inclusion, but it is requested that the presentation of data comply with that form presented herein.

B. Mechanics of Manual

The material included in the Manual was obtained from current medical literature from the period of 1953 through 1957. The following journals were reviewed regularly: American Journal of Surgery; Surgery; Surgery, Gynecology and Obstetrics; Radiology; American Journal of Roentgenology; Radium Therapy and Nuclear Medicine; Annals of Surgery; Archives of Surgery; and Cancer. In addition, all issues of Excerpta Medica, volume Cancer, were reviewed, and the original articles presenting end results were utilized. Any reported series of cases presenting sufficient statistics for usage were recorded regardless of author, size or location of hospital or clinic, or method of therapy.

On page $\underline{5}$ is a presentation of all lesions with their absolute 5-year survival rates. Also presented is a column of survival rates for lesions that are localized enough to be resected or early enough to be classified as Stage I or II. The prognosis, of course, is better in the earlier lesions. This provides the reader with a rapid comparison of the survival in all lesions. This is followed by an individual section for each lesion with specific information. The total number of cases which were reviewed for each lesion is listed on the heading of every page. An identical form of presentation was followed for all sections as below:

	No. cases	% 5-yr. surv.	No.	% 10-yr. surv.
Absolute Survival Rate	11	11	11	11
Determinate Survival Rate	11	11	11	11
Treatment: Surgery	**	11	11	11
Radiation Therapy	17	11	11	11
Surgery and Radiation	+1	11	11	11
Staging: Stage I	1)	11	11	11
Stage II	11	tt	11	11
Stage III	11	**	11	11
Stage IV	11	11	11	11
Histologic Type: Type 1	11	D	11	11
Type 2	11	11	11	11
Bibliography				

For the sake of clarity, the terms used should be defined at this time.

5-and 10-Year Survival - the percentage of those patients surviving this given length of time after initial treatment with or without disease. The term "survival rate" was used in preference to the "cure rate". The latter may be somewhat more expressive of the result of treatment; however, there is wide variation in the methods of follow-up from letter questionnaires to careful physician examination, making the definition of "cure" variable. It is felt that "survival rate" provided a more reliable index for comparison.

Absolute <u>Survival Rate</u> - the percentage of patients that survive a given time when all patients seen with disease are considered with no exceptions; that is, all patients admitted or seen in consultation whether or not they receive treatment.

<u>Determinate Survival Rate</u> - the percentage of patients that survive a given time when a selected group of patients are considered. Those patients which are indeterminate or not considered in calculating the determinate rate are only, (1) those lost to follow-up; (2) those seen in consultation only, and, (3) those dying of other cause without neoplastic disease.

 $\underline{\underline{\text{Surgery}}}$ - those cases in which the primary and only treatment was surgical.

 $$\operatorname{\underline{Radiation}}$ Therapy - those cases in which the primary and only therapy was radiological.

 $\frac{\text{Surgery and Radiation Therapy}}{\text{were used regardless of which was the primary mode of therapy.}}$

Part II

PROGNOSIS DATA

PART II

PROGNOSIS DATA

Anatomical Site	Absolu 5-Year Sur		tage I and 5-Year Sur		Page
Lip	61.2%		79.0%		7
Tongue	24.5%		40.7%		9
Floor of Mouth	33.8%		45.1%		11
Buccal Mucosa	30.8%		45.4%		13
Gingiva	28.8%		51.4%	• • • • • • •	15
Tonsil	6.7%		24.0%	• • • • • • •	17
Larynx - all cases Intrinsic Larynx Extrinsic Larynx	46.7%		80.8%		21
Salivary Gland	31.3%		52.2%	• • • • • • •	27
Thyroid Gland	39.3%				29
Breast	45.6%		85.2%		31
Lung	6.4%		37.1%		37
Esophagus	3.4%		15.8%		39
Stomach	5.2%	•••••	41.9%		41
Gall Bladder	2.1%	•••••	5.7%		43
Pancreas	2.1%		13.9%	• • • • • • • • • • • • • • • • • • • •	45
Colon and Rectum	34.2%	•••••	66.7%	• • • • • • • • • • • • • • • • • • • •	47
Ovary	29.6%	•••••	64.4%	• · · · · · · ·	49
Cervix	35.5%	•••••	70.1%		51
Corpus	55.6%		80.1%		55
Vagina	22.8%	•••••	35.5%		59
Vulva	31.2%		85.9%		61
Urinary Bladder	22.2%	•••••	85.1%	• • • • • • • •	63
Prostate	46.8%		58.2%		65
Penis	34.1%		. 58.8%		67
Melanoma	23.0%		. 46.1%		69
Soft Tissue	. 27.7%				71
Bone	. 16.5%	• • • • • • • • • • • • • • • • • • • •			73

	no. cases eval.	5 year survival	no. cases eval.	10 year surviva
I. ABSOLUTE SURVIVAL RATES:	2926	61.2%	0	
II. DETERMINATE SURVIVAL RATES:	2386	75.1%	0	
A. Treatment:				
Radiation Therapy:	1285	68.5%	0	
Surgery:	578	80.4%	0	
Surgery and Radiation Therapy:	95	46.3%	0	
B. Staging:				
Stage I:	0		0	
Stage II:	0		0	
Stage I and/or Stage II:	1103	79.0%	0	
Stage III: (Disease which is primary in the mucosa of the lip with cervical lymph node metastases.)	302	34.7%	0	
Stage IV:	22	13.6%	0	
Histologic Type:			-	
Squamous Cell Carcinoma:	2286	75.0%	0	

LIP

Bibliography

- Backus, L. H., and DeFelice, C. A.: Five-year end results in epidermoid carcinoma of lip with indications for neck dissection. <u>Plast. & Reconstruct. Surg.</u> 17: 58-63, 1956.
- Blady, J. V.: <u>In</u> discussion of Nickson, J. J.: Management of lip cancer. <u>In</u> Symposium on Cancer of the Head and Neck. Proceedings of the Scientific Session, American Cancer Society, Inc., Annual Meeting, 1957. New York, N.Y. American Cancer Society, Inc. 1957; pp. 232-243; 238-241.
- Burke, P. M., and Hopkins, F. S.: Carcinoma of lip. New England J. Med. 255: 552-555, 1956.
- Clifton, R. B., and Hardin, J. C., Jr.: Carcinoma of mouth; I, carcinoma of lip; statistical study of 280 cases. <u>Am. J. Surg.</u> 92: 890-893, 1956.
- Cross, J. E.; Guralnick, E., and Daland, E. M.: Carcinoma of lip; review of 563 case records of carcinoma of lip at Pondville Hospital. <u>Surg. Gynec. & Obst.</u> 87: 153-162, 1948.
- Krantz, S.; Berger, I. R., and Brown, P. F.: Results of treatment of carcinoma of lower lip. <u>Am. J. Roentgenol.</u> 78: 780-789, 1957.
- Ledlie, E. M., and Harmer, M. H.: Cancer of mouth; report on 800 cases. <u>Brit.</u> <u>J. Cancer</u> 4: 6-19, 1950.
- Martin, H.: Cancer of the Head and Neck. Monographs of the American Cancer Society, Inc., No. 2. New York, N.Y. American Cancer Society, Inc., 1949.
- Martin, H.; Del Valle, B.; Ehrlich, H., and Cahan, W. G.: Neck dissection. <u>Cancer</u> 4: 441-499, 1951.
- Modlin, J.: Neck dissections in cancer of lower lip; 5-year results in 179 patients. <u>Surgery</u> 28: 404-412, 1950.
- Nickson, J. J.: Management of Lip Cancer. <u>In</u> Symposium on Cancer of Head and Neck. Proceedings of the Scientific Session, American Cancer Society, Inc., Annual Meeting, 1957. New York, N.Y. American Cancer Society, Inc. 1957; pp. 232-243.
- Schwarz, H., II, and Lesser, J. H.: Cancer of lip; control of primary lesion. <u>Missouri Med.</u> 51: 355-359, 1954.
- Sharp, G. S.; Williams, H. F., and Pugh, R. E., Jr.: Irradiation as preferred treatment of cancer of lip. <u>J. A. M. A.</u> 142: 698-707, 1950.

	no. cases eval.	5 year survival	no. cases eval.	10 ye surviv
I. ABSOLUTE SURVIVAL RATES:	3627	24.5%	0	
II. DETERMINATE SURVIVAL RATES:	3223	27.6%	0	
A. <u>Treatment</u> :				
Radiation Therapy:	865	34.3%	0	
Surgery:	158	43.6%	0	
Surgery and Radiation Therapy:	104	14.4%	0	
B. Staging:				
Stage I: (Disease which is primary in the mucosa of the tongue and is confined to this structure only. No evidence of metastases.)	0		0	
Stage II: (Disease which is primary in the mucosa of the tongue with involvement of the floor of the mouth and/or gingiva. No evidence of metastases.)	0		0	
Stage I and/or Stage II:	754	40.7%	0	
Stage III:	829	13.8%	0	
Stage IV:	156	3.2%	0	
. Histologic Type:		-		· · · · · · · · · · · · · · · · · · ·
Squamous Cell Carcinoma:	3217	27.4%	0	
DDITIONAL INFORMATION:				
Base of Tongue Lesions:	145	13.1%	0	
Carcinoma Associated with Syphilis:	93	7.5%	0	

TONGUE

- Ash, C. L., and Millar, O. B.: Radiotherapy of cancer of tongue and floor of mouth. <u>Am. J. Roentgenol.</u> 73: 611-619, 1955.
- 2. Clark, R. L., Jr.: End results in cancer of tongue and floor of mouth. In Proceedings of the Third National Cancer Conference. Philadelphia, Pa. $\overline{\rm J.}$ B. Lippincott Company. 1957; pp. 876-880.
- DuVal, M. K., Jr., and Healy, M. J.: Natural history and effects of treatment of cancer of tongue. <u>Cancer</u> 9: 842-847, 1956.
- Gibbel, M. I.; Cross, J. H., and Ariel, I. M.: Cancer of tongue; review of 330 cases. <u>Cancer</u> 2: 411-423, 1949.
- Kremen, A. J.: Results of surgical treatment of cancer of tongue. <u>Surgery</u> 39: 49-53, 1956.
- Ledlie, E. M., and Harmer, M. H.: Cancer of mouth; report on 800 cases. <u>Brit.</u> <u>J. Cancer</u> 4: 6-19, 1950.
- Marchetta, F. C., and Mattick, W. L.: Carcinoma of tongue; treatment and results without radical surgery. Surgery 40: 378-386, 1956.
- 8. Martin, C. L., and Martin, J. A.: Carcinoma of posterior tongue treated with radiation. Radiology 66: 835-841, 1956.
- Martin, H.: Cancer of the Head and Neck. Monographs of the American Cancer Society, Inc., No. 2. New York, N.Y. American Cancer Society, Inc. 1949.
- Martin, H.; Del Valle, B.; Ehrlich, H., and Cahan, W. G.: Neck dissection. <u>Cancer</u> 4: 441-499, 1951.
- Rahausen, A., and Sayago, C.: Treatment of carcinoma of tongue. Am. J. Roentgenol. 71: 243-250, 1954.
- 12. Slaughter, D.; del Regato, J.; Kremen, A. J., and Martin, H.: Management of cancer of tongue. [Panel disc.] In Symposium on Cancer of the Head and Neck. Proceedings of the Scientific Session, American Cancer Society, Inc., Annual Meeting, 1957. New York, N.Y. American Cancer Society, Inc. 1957; pp. 213-231.
- Wilson, J. L., and Brizzolara, L. G.: Carcinoma of tongue. <u>Ann. Surg.</u> 136: 964-970, 1952.

LESION: Floor of the Mouth

That area of mucosa, crescent shaped, lying between the inner surface of the lower gingiva and the under surface of the tongue.)

TOTAL CASES EVALUATED: 1021 Cases

no. cases eval.	5 year survival	no. cases eval.	10 year survival
1021	33.8%	0	
1012	34.1%	0	
	···		
10	30.0%	0	
252	40.0%	0	
421	39.4%	0	
· · · · · · · · · · · · · · · · · · ·		1	
0		0	
0		0	
215	45.1%	0	
165	23.0%	0	
21	0.0%	0	
1012	34.1%	0	
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	cases eval. survival 1021 33.8% 1012 34.1% 10 30.0% 252 40.0% 421 39.4% 0 0 215 45.1% 165 23.0% 21 0.0%	cases eval. survival eval. cases eval. 1021 33.8% 0 1012 34.1% 0 10 30.0% 0 252 40.0% 0 421 39.4% 0 0 0 215 45.1% 0 165 23.0% 0 21 0.0% 0

FLOOR OF THE MOUTH

- Ash, C. L., and Millar, O. B.: Radiotherapy of cancer of tongue and floor of mouth. Am. J. Roentgenol. 73: 611-619, 1955.
- Clark, R. L., Jr.: End results in cancer of tongue and floor of mouth. In Proceedings of the Third National Cancer Conference. Philadelphia, Pa. J. B. Lippincott Company. 1957; pp. 876-880.
- Clifton, R. B., and Hardin, J. C., Jr.: Carcinoma of mouth; II, intraoral cancer, statistical study of 223 cases. Am. J. Surg. 92: 894-898, 1956.
- James, A. G.: Evaluation of failures in treatment of oral cancer. To be published.
- Ledlie, E. M., and Harmer, M. H.: Cancer of mouth; report on 800 cases. <u>Brit.</u> <u>J. Cancer</u> 4: 6-19, 1950.
- Martin, C. L.: Treatment of cancer of floor of mouth with low-intensity radium needles. In Symposium on Cancer of the Head and Neck. Proceedings of the Scientific Session, American Cancer Society, Inc., Annual Meeting, 1957. New York, N.Y. American Cancer Society, Inc. 1957; pp. 87-90.
- Martin, H.: Cancer of the Head and Neck. Monographs of the American Cancer Society, Inc., No. 2. New York, N.Y. American Cancer Society, Inc. 1949.
- Martin, H.: Methods and results of treatment of cancer of floor of mouth. In Symposium on Cancer of the Head and Neck. Proceedings of the Scientific Session, American Cancer Society, Inc., Annual Meeting, 1957. New York, N.Y. American Cancer Society, Inc. 1957; pp. 85-86.
- Martin, H.; Del Valle, B.; Ehrlich, H., and Cahan, W. G.: Neck dissection. <u>Cancer</u> 4: 441-499, 1951.
- Rahausen, A., and Sayago, C.: Cancer of floor of mouth. Am. J. Roentgenol. 75: 515-518, 1956.

	no. cases eval.	5 year survival	no. cases eval.	10 year survival
I. ABSOLUTE SURVIVAL RATES:	929	30.8%	0	
II. DETERMINATE SURVIVAL RATES:	842	34.0%	0	
A. Treatment:				
Surgery:	161	43.4%	0	
Radiation Therapy:	253	34.7%	0	
Surgery and Radiation Therapy:	171	53.8%	0	
B. Staging:				
Stage I: (Disease which is primary in the mucosa with no infiltration into the musculature or involvement of the gingiva or lip. No evidence of metastases.)	0		0	
Stage II: (Disease which is primary in the mucosa with extension into the submucosal tissues with or without involvement of the gingiva or lip. No evidence of metastases.)	0		0	
Stage I and/or Stage II:	11	45.4%	0	
Stage III:	37	21.6%	0	
Stage IV:	0		0	
C. Histologic Type:				*** ********************************
Squamous Gell Carcinoma:	842	34.0%	0	

BUCCAL MUCOSA

- James, A. G.: Evaluation of failures in treatment of oral cancer. To be published.
- Lampe, I.: Radiation therapy of cancer of buccal mucosa and lower gingiva. <u>Am. J. Roentgenol.</u> 73: 628-638, 1955.
- Ledlie, E. M., and Harmer, M. H.: Cancer of mouth; report on 800 cases. <u>Brit.</u>
 <u>J. Cancer</u> 4: 6-19, 1950.
- Martin, H.: Cancer of the Head and Neck. Monographs of the American Cancer Society, Inc., No. 2. New York, N.Y. American Cancer Society, Inc. 1949.
- Martin, H.; Del Valle, B.; Ehrlich, H., and Cahan, W. G.: Neck dissection. <u>Cancer</u> 4: 441-499, 1951.
- 6. Modlin, J., and Johnson, R. E.: Surgical treatment of cancer of buccal mucosa and lower gingiva. Am. J. Roentgenol. 73: 620-627, 1955.
- Paymaster, J. C.: Cancer of buccal mucosa; clinical study of 650 cases in Indian patients. <u>Cancer</u> 9: 431-435, 1956.

I. ABSOLUTE SURVIVAL RATES:	cases eval.	5 year survival 28.8%	no. cases eval.	10 yea surviva
II. DETERMINATE SURVIVAL RATES:	242	28.9%	0	
A. Treatment:				
Surgery:	60	35.0%		
Radiation Therapy:	21	23.8%	0	
Surgery and Radiation Therapy:	0	25.0%	0	
B. Staging:				
Stage I:	0		0	
Olisease which is primary in the mucosa of the gingiva with extension into the submucosal tissues with or without involvement of the mouth, buccal mucosa or palate. No evidence of metastases.)	0		0	
Stage I and/or Stage II:	3 5	51.4%	0	
Stage III:	53	20.7%	0	
Stage IV: (Disease which is primary in the mucosa of the gingiva with metastases to distant organs or distant lymph nodes other than cervical nodes.)	0		0	
Histologic Type:				
Squamous Cell Carcinoma:	242	28.9%	0	

GINGIVA

- James, A. G.: Evaluation of failures in treatment of oral cancer. To be published.
- Ledlie, E. M., and Harmer, M. H.: Cancer of mouth; report on 800 cases. <u>Brit.</u>
 <u>J. Cancer</u> 4: 6-19, 1950.
- Martin, H.: Cancer of the Head and Neck. Monographs of the American Cancer Society, Inc., No. 2. New York, N.Y. American Cancer Society, Inc., 1949.
- Martin, H.; Del Valle, B.; Ehrlich, H., and Cahan, W. G.: Neck dissection. Cancer 4: 441-499, 1951.
- Wilkins, S. A., Jr., and Vogler, W. R.: Cancer of gingiva. <u>Surg. Gynec. & Obst.</u> 105: 145-152, 1957.

	no. cases eval.	5 year survival	no. cases eval.	10 year survival
I. ABSOLUTE SURVIVAL RATES:	162	6.7%	0	
II. DETERMINATE SURVIVAL RATES:	130	8.4%	0	
A. Treatment:		***********		
Radiation Therapy:	130	8.4%	0	
Surgery:	0		0	
Radiation Therapy and Surgery:	0		0	
B. Staging:				
Stage I: (Disease which is primary in the tonsil and is confined to that structure only. No evidence of metastases.)	0		0	
Stage II:	0		0	
Stage I and/or Stage II:	25	24.0%	0	
Stage <u>III:</u> (Disease which is primary in the tonsil with cervical lymph node metastases.)	66	3.0%	0	
Stage IV:	23	0.0%	0	
C. <u>Histologic</u> Type:				
Squamous Cell Carcinoma:	113	6.2%	0	
Lymphosarcoma:	18	22.2%	0	
A) inpriorate CORE :	18	22.2%	0	

TONSIL

Reference

1. Teloh, H. A.: Cancer of tonsil. A. M. A. Arch. Surg. 65: 693-701, 1952.

	no. cases eval.	5 year survival	no. cases eval.	10 year survival
I. ABSOLUTE SURVIVAL RATES:	453 7	36.8%	0	
II. DETERMINATE SURVIVAL RATES:	4181	39.9%	0	
A. Treatment:				
Radiation Therapy:	2160	32.6%	0	
Surgery: Partial Laryngectomy: Total Laryngectomy: Total Laryngectomy and Radical Neck Diss.	1846 369 892 119	50.1% 72.3% 39.2% 42.0%	0 0 0	
Surgery and Radiation Therapy:	133	27.0%	0	
B. Staging:			_	
Stage 1: (Disease which is primary in the mucosa with no impairment of laryngeal mobility. No evidence of metastases.)	192	71.3%	0	
Stage II: (Disease which infiltrates the wall with either impairment or loss of laryngeal mobility. No evidence of metastases.)	158	36.7%	0	
Stage I and/or Stage II:	640	41.0%	0	
Stage III: (Disease which is primary in the larynx with cervical lymph node metastases.)	233	12.4%	0	
Stage IV: (Disease which is primary in the larynx with invasion of other organs and/or distant metastases.)	163	9.8%	0	
C. <u>Histologic Type</u> :				
Squamous Cell Carcinoma:	4181	39.9%	0	



TOTAL CASES EVALUATED: 1607 Cases

LESION: Intrinsic Larynx
(That portion of the larynx beginning with the vocal cords and extending inferiorly to the trachea.)

	no. cases eval.	5 year survival	no. cases eval.	10 year survival
I. ABSOLUTE SURVIVAL RATES:	1607	46.7%	0	
II. DETERMINATE SURVIVAL RATES:	1481	50.7%	0	
A. Treatment:				
Radiation Therapy:	715	50.2%	0	
Surgery:	575	59.6%	0	
Surgery and Radiation Therapy:	0		0	
B. Staging:				
Stage I: (Disease which is primary in the mucosa with no impairment of laryngeal mobility. No evidence of metastases.)	136	80.8%	0	
Stage II: (Disease which infiltrates the wall with either impairment or loss of laryngeal mobility. No evidence of metastases.)	130	43.8%	0	
Stage I and/or Stage II:	446	46.8%	0	
Stage III: (Disease which is primary in the larynx with cervical lymph node metastases.)	46	8.6%	0	
Stage IV: (Disease which is primary in the larynx with invasion of other organs and/or distant metastases.)	53	15.0%	0	
C. Histologic Type:				
Squamous Cell Carcinoma:	1481	50.7%	0	



ESION: Extrinsic Larynx TOTAL CASES EVALUATED: 1312 Cases

LESION: Extrinsic Larynx
(That portion of the larynx extending superior from the vocal cords to the pharynx.)

	no. cases eval.	5 year survival	no. cases eval.	10 year survival
I. ABSOLUTE SURVIVAL RATES:	1312	24.0%	0	
II. DETERMINATE SURVIVAL RATES:	1239	25.5%	0	
A. Treatment:				
Radiation Therapy:	803	19.1%	0	
Surgery:	232	36.6%	0	
Surgery and Radiation Therapy:	0		0	
B. Staging:				
Stage I: (Discase which is primary in the mucos with no impairment of laryngeal mobili No evidence of metastases.)	sa	34.0%	0	
Stage II:	th		0	
Stage I and/or Stage II:	188	23.4%	0	
Stage III: (Disease which is primary in the laryn with cervical lymph node metastases.)		6.1%	0	
Stage IV: (Discase which is primary in the laryn with invasion of other organs and/or distant metastases.)		5.8%	0	
C. Histologic Type:				
Squamous Cell Carcinoma:	- 1239	2 5.5%	0	



LARYNX

- 1. Baclesse, F.: Carcinoma of larynx. Brit. J. Radiol. suppl. 3: 1-62, 1949.
- Binkley, J. S.: Cancer of larynx treated by 500 kilovolt roentgen rays. Am. J. Roentgenol. 70: 591-598, 1953.
- Blady, J. V.: End results of cancer of larynx and hypopharynx. <u>In</u> Proceedings of the Third National Cancer Conference. Philadelphia, Pa. J. B. Lippincott Company, 1957; pp. 881-889.
- Cantril, S. T.: Radiation therapy in treatment of laryngeal cancer. <u>In Symposium</u> on Cancer of the Head and Neck. Proceedings of the Scientific Session, American Cancer Society, Inc., Annual Meeting, 1957. New York, N.Y. American Cancer Society, Inc. 1957; pp. 276-282.
- Clerf, L. H.: Evaluation of dissection of neck in carcinoma of larynx. Ann. Otol. Rhin. & Laryng. 64: 451-456, 1955.
- Curran, T. L.: Laryngeal carcinoma in Connecticut; observations with particular reference to its surgical treatment. <u>A. M. A. Arch. Otolaryng.</u> 62: 145-153, 1955.
- Cutler, M.: Radiotherapy of early cancer of larynx; 5-year results in 156 cases. <u>J. A. M. A.</u> 142: 957-963, 1950.
- Harmer, W. D.: Treatment of cancer of larynx by interstitial radium needles. <u>Brit. M. J.</u> 2: 735-741, 1953.
- Harris, W.; Silverstone, S. M., and Kramer, R.: Roentgen therapy for cancer of larynx and laryngopharynx; 20 years' experience. Am. J. Roentgenol. 71: 813-825, 1954.
- Jackson, C. L.; Blady, J. V.; Norris, C. M., and Robbins, R.: Carcinoma of larynx; survey of 25 years' experience in treatment by surgery and irradiation. J. A. M. A. 163: 1567-1570, 1957.
- Jenkinson, E. L.; Kao, L.; Holinger, P. H.; Johnston, K. C., and Donnelly, R. W.: Carcinoma of larynx; results of roentgen therapy during period of 15 years (1937-1952). Am. J. Roentgenol. 76: 942-948, 1956.
- Lederman, M.: Cancer of laryngopharynx; classification, staging, and results of radiotherapy. <u>J. Laryng. & Otol.</u> 68: 333-369, 1954.
- Lenz, M.: Radiotherapy of cancer of larynx. In Symposium on Cancer of the Head and Neck. Proceedings of the Scientific Session, American Cancer Society, Inc., Annual Meeting, 1957. New York, N.Y. American Cancer Society, Inc. 1957; pp. 291-299.
- Lindsay, J. R., and Ironside, W. M. S.: Carcinoma of larynx; classification and results of treatment. <u>Laryngoscope</u> 65: 1117-1128, 1955.
- Lindsay, J. R., and Ironside, W. M. S.: Carcinoma of larynx; classification and results of treatment. <u>Illinois M. J.</u> 109: 171-175, 1956.
- 16. Low-Beer, B. V. A.: Radiation therapy of cancer of larynx. <u>Laryngoscope</u> 60: 696-717, 1950.
- Martin, H.: Cancer of the Head and Neck. Monographs of the American Cancer Society, Inc., No. 2. New York, N.Y. American Cancer Society, Inc. 1949.

- 18. Martin, H.: Discussion at symposium on cancer of larynx. In Symposium on Cancer of the Head and Neck. Proceedings of the Scientific Session, American Cancer Society, Inc., Annual Meeting, 1957. New York, N.Y. American Cancer Society, Inc. 1957; pp. 302-308.
- McCall, J. W., and Fisher, W. R.: Carcinoma of larynx; report of 194 cases with 149 laryngectomies. <u>Laryngoscope</u> 62: 475-485, 1952.
- Putney, F. J., and Vicens, E. A.: Surgical treatment of carcinoma of anterior commissure of larynx. <u>Laryngoscope</u> 66: 1041-1048, 1956.
- Schall, L. A.: Symposium; carcinoma of larynx; IV, Cancer of larynx; 5-year results. <u>Laryngoscope</u> 61: 517-522, 1951.
- Wang, C. C., and O'Donnell, A. R.: Cancer of larynx; 5-year results, with emphasis on radiotherapy. New England J. Med. 252: 743-747, 1955.

	no. cases eval.	5 year survival	no. cases eval.	10 year survival
I. ABSOLUTE SURVIVAL RATES:	319	31.3%	0	
II. DETERMINATE SURVIVAL RATES:	297	33.6%	0	
A. <u>Treatment</u> :				
Radiation Therapy:	88	18.1%	0	
Surgery:	234	39.7%	0	
Surgery and Radiation Therapy:	61	49.1%	0	
B. Staging:				
Stage I:	0		0	
Stage II:	0		0	
Stage I and/or Stage II:	151	52.2%	0	
Stage III: (Disease which is primary in a salivary gland with cervical lymph node metas- tases.)	77	14.2%	0	
Stage IV:	12	0.0%	0	
. Histologic Type:				-
Malignant Mixed Tumor: Squamous Cell Carcinoma: Mucoepidermoid Carcinoma: Adenocarcinoma:	38 26 52 59	42.1% 19.2% 65.3% 37.2%	0 0 0	
DDITIONAL INFORMATION:				
Parotid Gland Tumors:Submaxillary Gland Tumors:	226 67	38.0% 17.9%	0	

SALIVARY GLANDS

- Frazell, E. L.: Clinical aspects of tumors of major salivary glands. <u>Cancer</u> 7: 637-659, 1954.
- Garcelon, G. G.: Management of tumors of salivary glands. In Symposium on Cancer of the Head and Neck. Proceedings of the Scientific Session, American Cancer Society, Inc., Annual Meeting, 1957. New York, N.Y. American Cancer Society, Inc. 1957; pp. 206-210.
- Jerome, A. P.: Management of tumors of parotid gland. <u>Ann. Surg.</u> 140: 164-169,
- Martin, H.: Cancer of the Head and Neck. Monographs of the American Cancer Society, Inc., No. 2. New York, N.Y. American Cancer Society, Inc. 1949.

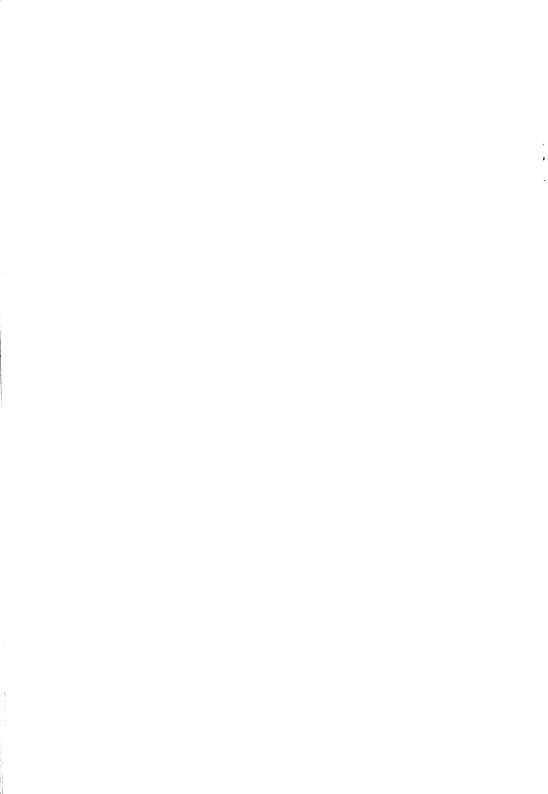
LESION:	Thyroid	Gland

	no. cases eval.	5 year survival	no. cases eval.	10 year survival
I. ABSOLUTE SURVIVAL RATES:	1078	39.3%	353	21.2%
II. DETERMINATE SURVIVAL RATES:	1024	41.4%	338	22.1%
A. Treatment:				
Surgery:	668	46.1%	99	23 .2 %
Radiation Therapy:	0		0	
Surgery and Radiation Therapy:	412	35.9%	239	21.7%
B. Staging:				
Stage I: (Disease which is primary in the thyroid gland and is strictly confined to that gland. No evidence of metastases.)	0		0	
Stage II:	0		0	
Stage III: (Disease which is primary in the thyroid gland with cervical lymph node metastases.)	0		0	
Stage IV:	0		0	
C. <u>Histologic</u> <u>Type</u> :				
Papillary adenocarcionoma:	203	61.0%	28	67.8%
Follicular and alveolar adenocarcinoma:	105	54.2%	17	23.5%
Undifferentiated carcinoma:	133	18.7%	35	5.7%
Solid carcinoma:	0		0	

THYROID GLAND

- Cohen, M., and Moore, G. E.: Malignant lesions of thyroid. <u>Surgery</u> 35: 62-76, 1954.
- Crabtree, H. N., and Hunter, D. C., Jr.: Carcinoma of thyroid; clinicopathologic study. A. M. A. Arch. Surg. 67: 175-186, 1953.
- Crile, G., Jr.; Suhrer, J. G., Jr., and Hazard, J. B.: Results of conservative operations for malignant tumors of thyroid. <u>J. Clin. Endocrinol.</u> 15: 1422-1431, 1955.
- Dargent, M.: Value of radical thyroidectomy in treatment of thyroid cancer. Brit. M. J. 2: 1138-1141, 1956.
- Hayles, A. B.; Kennedy, R. L. J.; Beahrs, O. H., and Woolner, L. B.: Carcinoma of thyroid gland in children. A. M. A. Am. J. Dis. Child. 90: 705-715, 1955.
- Horn, Robert C., Jr., and Dull, J. A.: Carcinoma of thyroid; re-evaluation. <u>Ann. Surg.</u> 139: 35-43, 1954.
- 7. Martin, H.: Surgery of thyroid tumors. Cancer 7: 1063-1099, 1954.
- McDermott, W. V., Jr.; Morgan, W. S.; Hamlin, E., Jr., and Cope, O.: Cancer of thyroid. <u>J. Clin. Endocrinol.</u> 14: 1336-1354, 1954.
- 9. Ross, D. E.: Cancer of thyroid gland. Surg. Gynec. & Obst. 103: 171-179, 1956.
- Shallow, T. A.; Wagner, F. B., Jr., and Colcher, R. E.: Cancer of thyroid gland; clinical analysis and evaluation of therapy in 144 patients. <u>Surgery</u> 39: 252-259, 1956.
- Windeyer, B. W.: Cancer of thyroid and radiotherapy; Mackenzie Davidson memorial lecture. <u>Brit. J. Radiol.</u> 27: 537-552, 1954.

LESION: Breast	101AL G	TOES EVALUE	11 ED: 34	,090 Cases
	no. cases eval.	5 year survival	no. cases eval.	10 year survival
I. ABSOLUTE SURVIVAL RATES:	34,695	45.6%	14,425	30.3%
II. DETERMINATE SURVIVAL RATES:	32,609	48.5%	13,995	31.3%
A. <u>Treatment</u> :				
Surgery:	19,619 507 17,926	52.0% 31.5% 53.3%	10,754 77 9,832	33.8% 18.1% 35.3%
Radiation Therapy:	684	20.3%	208	17.3%
Surgery and Radiation Therapy: Simple Mastectomy and Radiation: Radical Mastectomy and Radiation:	13,855 3,906 7,591	45.6% 44.9% 48.3%	6,535 1,536 4,222	22.8% 20.3% 22.7%
B. Staging:				
Stage I: (Disease which is primary in the breast and which appears clinically benign or questionable and is pronounced carcinoma by the pathologist. No evidence of metastases.)	89	85.2%	0	
Stage II: (Disease which is primary in the breast and clinically malignant, and strictly confined to this structure. No metastases.)	193	77.1%	0	
Stage I and/or Stage II:	7,995	76.0%	3,766	57.4%
Stage III: (Disease which is primary in the breast with ipsilateral axillary lymph node metastases.)	11,603	35.3%	5,948	18.4%
Stage IV: (Disease which is primary in the breast with adjacent or distant organ metastases or other lymph node metastases.)	1,380	11.0%	228	1.3%
C. <u>Histologic Type</u> :				
Adenocarcinoma: Papillary Carcinoma of Duct: Paget's Disease: Sarcoma:	31,474 459 63 16	47.4% 68.1% 46.0% 12.5%	13,995 0 0 0	31.3%
ADDITIONAL INFORMATION:				
Location of Lesion: Medial Half:	1,651 2,325 507 31	51.3% 56.5% 23.2%	112 295 0	42.8% 37.9%
Nonsimultaneous: Carcinoma with Pregnancy or Lactation: Carcinoma of Male Breast:	376 187 128	16.1% 29.7% 31.5% 38.2%	0 0 70	20.0%



BREAST

- Abramson, P. D.; Clifton, R. B., and Slagle, G. W.: Cancer of breast; comparison of 2 methods of treatment. <u>Surgery</u> 42: 689-692, 1957.
- Ackerman, L. V.: Evaluation of treatment of cancer of breast at University of Edinburgh (Scotland), under direction of Dr. Robert McWhirter. <u>Cancer</u> 8: 883-887, 1955.
- 3. Adair, F. E.: Cancer of breast. S. Clin. North America 33: 313-327, 1953.
- Alrich, E. M.; Liddle, H. V., and Morton, C. B., 2nd: Carcinoma of breast; results of surgical treatment; some anatomic and endocrine considerations. <u>Ann. Surg.</u> 145: 799-806, 1957.
- Black, M. M.; Opler, S. R., and Speer, F. D.: Survival in breast cancer cases in relation to structure of primary tumor and regional lymph nodes. <u>Surg.</u> <u>Gynec. & Obst.</u> 100: 543-551, 1955.
- Boyd, A. K.; Enterline, H. T., and Donald, J. G.: Carcinoma of breast; surgical follow-up study. <u>Surg. Gynec. & Obst.</u> 99: 9-21, 1954.
- Bryant, M. F., Jr.; Lampe, I., and Coller, F. A.: Cancer of breast; report of 5-year survival at University of Michigan Hospital. <u>Surgery</u> 36: 863-870, 1954.
- Burdick, D., and Chanatry, F.: Central New York Surgical Society survey on breast carcinoma, 1920 to 1952. <u>Cancer</u> 7: 47-53, 1954.
- Byrd, B. F., Jr., and Conerly, D. B., Jr.: Role of simple mastectomy in treatment of carcinoma of breast. <u>Ann. Surg.</u> 141: 477-481, 1955.
- Byrd, B. F., Jr., and Stephenson, S. E., Jr.: Simple mastectomy for cancer of breast. <u>Ann. Surg.</u> 145: 807-812, 1957.
- Colcock, B. P., and Sommers, S. C.: Prognosis in Paget's disease of breast. S. Clin. North America 34: 773-783, 1954.
- Congdon, G. H., and Dockerty, M. B.: Malignant lesions of nipple exclusive of Paget's disease. Surg. Gynec. & Obst. 103: 185-192, 1956.
- Culberson, J. D., and Horn, R. C., Jr.: Paget's disease of nipple; review of 25 cases with special reference to melanin pigmentation of "Paget cells." A. M. A. Arch. Surg. 72: 224-231, 1956.
- 14. Davis, J. B.: Carcinoma of breast. A. M. A. Arch. Surg. 74: 758-769, 1957.
- Deaton, W. R., Jr.: Simple mastectomy for carcinoma of breast--reported results. Surgery 37: 720-725, 1955.
- 16. Donhauser, J. L.: Carcinoma of breast. Am. J. Surg. 85: 513-518, 1953.
- Fanger, H.: Long-term survival in cancer of breast, stomach, and in malignant melanomas. <u>Rhode Island M. J.</u> 38: 551-554, 564, 1955.
- 18. Farrow, J. H.: Bilateral mammary cancer. Cancer 9: 1182-1188, 1956.
- Galante, M., and McCorkle, H. J.: Clinical evaluation of bilateral adrenalectomy and oophorectomy for advanced mammary carcinoma. <u>Am. J. Surg.</u> 90: 180-188, 1955.
- 20. Galante, M.; Rukes, J. M.; Forsham, P. H.; Wood, D. A., and Bell, H. G.: Bilateral adrenalectomy for advanced carcinoma of breast with preliminary observations on effect of liver on metabolism of adrenal cortical steroids. Ann. Surg. 140: 502-518, 1954.

- Garland, L. H.: Rationale and results of simple mastectomy plus radiotherapy in primary cancer of breast. <u>Am. J. Roentgenol.</u> 72: 923-941, 1954.
- Garland, L. H.; Hill, H. A.; Mottram, M. E., and Sisson, M. A.: Cancer of breast; results of radical mastectomy and radiotherapy in 2 hospitals. <u>Surg.</u> <u>Gynec. & Obst.</u> 98: 700-704, 1954.
- Goode, J. V., and Martin, J. A.: Surgical experience with mammary cancer; growth characteristics observed during treatment of 258 private patients with breast cancer. Ann. Surg. 137: 856-863, 1953.
- 24. Guiss, L. W.: Problem of bilateral independent mammary carcinoma. Am. J. Surg. 88: 171-177, 1954.
- Haagensen, C. D., and Stout, A. P.: Carcinoma of breast; III, results of treatment 1935-1942. Ann. Surg. 134: 151-172, 1951.
- Harrington, S. W.: Fifteen-year to 40-year survival rates following radical mastectomy for carcinoma of breast. <u>Ann. Surg.</u> 137: 843-849, 1953.
- Harrington, S. W.: Three-year to 40-year survival rates following radical mastectomy for carcinoma of breast. <u>West. J. Surg.</u> 63: 272-283, 1955.
- Hendrick, J. W.: Results of treatment of carcinoma of breast--5 to 18 years.
 Ann. Surg. 146: 728-750, 1957.
- Hickey, R. C.: Cancer of breast, 1,661 patients; II, considerations in failure to cure after radical mastectomy. Am. J. Roentgenol. 77: 421-430, 1957.
- Hickey, R. C.; Kerr, H. D.; Tidrick, R. T.; Elkins, H. B., and Wieben, E. E.: Cancer of breast, 1,661 patients; I, considerations in future therapy. A. M. Arch. Surg. 73: 654-660, 1956.
- 31. Huggins, C.: Endocrine methods of treatment of cancer of breast. J. Nat. Cancer Inst. 15: 1-25, 1954.
- 32. Huggins, C., Jr., and Taylor, G. W.: Carcinoma of male breast. A. M. A. Arch. Surg. 70: 303-308, 1955.
- 33. Lester, J., and Stout, A. P.: Cystosarcoma phyllodes. Cancer 7: 335-353, 1954.
- 34. Lewison, E. F.: Practical aspects of surgical treatment of breast cancer. A. M. A. Arch. Surg. 74: 251-254, 1957.
- 35. Lipsett, M. B.; Whitmore, W. F., Jr.; Treves, N.; West, C. D.; Randall, H. T., and Pearson, O. H.: Bilateral adrenalectomy in palliation of metastatic breast cancer. <u>Cancer</u> 10: 111-119, 1957.
- 36. MacDonald, I., and Wilcox, N. E.: Prognosis of mammary carcinoma in young women. Cancer 9: 281-287, 1956.
- 37. McClanahan, B. J., and Hogg, L., Jr.: Angiosarcoma of breast. <u>Cancer</u> 7: 586-545, 1954.
- 38. McWhirter, R.: Simple mastectomy and radiotherapy in treatment of breast cancer. <u>Brit.J. Radiol.</u> 28: 128-139, 1955.
- Meyer, A. C., and Smith, S. S.: Some concepts in treatment of breast cancer.
 A. M. A. Arch. Surg. 69: 707-710, 1954.
- Miller, M. W., and Pendergrass, E. P.: Some observations concerned with carcinoma of breast; part I. <u>Am. J. Roentgenol.</u> 72: 263-270, 1954.
- 41. Miller, M. W., and Pendergrass, E. P.: Some observations concerned with carcinoma of breast; Part III. Am. J. Roentgenol. 72: 942-952, 1954.

- 42. Miller, M. W., and Pendergrass, E. P.: Some observations concerned with carcinoma of breast; part IV. Pennsylvania M. J. 57: 327-329, 1954.
- Moertel, C. G., and Soule, E. H.: Problem of second breast; study of 118 patients with bilateral carcinoma of breast. <u>Ann. Surg.</u> 146: 764-771, 1957.
- 44. Moore, C., and Shaw, H. W.: Carcinoma of breast; extent of original disease related to end results. A. M. A. Arch. Surg. 75: 598-604, 1957.
- 45. O'Brien, F. W., and O'Brien, F. W., Jr.: Surgery and radiation in cancer of female breast. <u>Radiology</u> 63: 192-199, 1954.
- 46. Paymaster, J. C.: Cancer of breast in Indian women. Surgery 40: 372-377, 1956.
- Pierce, E. H.; Clagett, O. T.; McDonald, J. R., and Gage, R. P.: Biopsy of breast followed by delayed radical mastectomy. <u>Surg. Gynec. & Obst.</u> 103:
- Pierce, E. H.; Kirklin, J. W.; McDonald, J. R., and Gage, R. P.: Carcinoma in medial and lateral halves of breast. <u>Surg. Gynec. & Obst.</u> 103: 759-764, 1956.
- Ray, B. S., and Pearson, O. H.: Hypophysectomy in treatment of advanced cancer of breast. <u>Ann. Surg.</u> 144: 394-403, 1956.
- 50. Richards, T. A.; Palmer, J. D., and Martin, S. J.: Results of treatment of cancer of breast at Montreal General Hospital. <u>Surg. Gynec. & Obst.</u> 104:
- 51. Robbins, G. F., and Bross, I.: Significance of delay in relation to prognosis of patients with primary operable breast cancer. <u>Cancer</u> 10: 338-344, 1957.
- 52. Rogers, C. S., and Fitts, W. T., Jr.: Inflammatory carcinoma of breast; critique of therapy. <u>Surgery</u> 39: 367-370, 1956.
- Rosahn, P. D.: Results of treatment of carcinoma of breast; comparison of 5-year survival rates obtained by 2 different groups of surgeons in community hospital. <u>Ann. Surg.</u> 146: 912-922, 1957.
- 54. Shimkin, M. B.; Lucia, E. L.; Low-Beer, B. V. A., and Bell, H. G.: Recurrent cancer of breast; analysis of frequency, distribution, and mortality at University of California Hospital, 1918 to 1947, inclusive. <u>Cancer</u> 7: 29-46, 1954.
- 55. Smith, G. V., and Smith, O. W.: Carcinoma of breast; results, evaluation of x-radiation, and relation of age and surgical castration to length of survival. Surg. Gynec. & Obst. 97: 508-516, 1953.
- Smithers, D. W.; Rigby-Jones, P.; Galton, D. A. G., and Payne, P. M.: Cancer of breast; review. <u>Brit. J. Radiol.</u> suppl. 4: 1-90, 1952.
- 57. Stapley, L. A.; Dockerty, M. B., and Harrington, S. W.: Comedocarcinoma of breast. Surg. Gynec. & Obst. 100: 707-715, 1955.
- 58. Treves, N.: Endocrine therapy in advanced mammary cancer. Am. Pract. & Digest Treat. 5: 518-525, 1954.
- 59. Treves, N.: Evaluation of prophylactic castration in treatment of mammary carcinoma; analysis of 152 patients. <u>Cancer</u> 10: 393-407, 1957.
- 60. Treves, N., and Holleb, A. I.: Cancer of male breast; report of 146 cases. Cancer 8: 1239-1250. 1955.
- Urban, J. A.: Early diagnosis of breast cancer; salvage data with lesions considered clinically benign or doubtful prior to operation. <u>Cancer</u> 9:
- 62. Watson, T. A.: Results of treatment of cancer of breast. Surg. Gynec. & Obst. 104: 106-112, 1957.

- 63. White, T. T.: Prognosis of breast cancer for pregnant and nursing women; analysis of 1,413 cases. Surg. Gynec. & Obst. 100: 661-666, 1955.
- 64. White, T. T., and White, W. C.: Breast cancer and pregnancy; report of 49 cases followed 5 years. Ann. Surg. 144: 384-393, 1956.
- 65. Williams, I. G.; Murley, R. S., and Curwen, M. P.: Carcinoma of female breast; conservative and radical surgery. Brit. M. J. 2: 787-796, 1953.

	no. cases eval.	5 year survival	no. cases eval.	10 year survival
I. ABSOLUTE SURVIVAL RATES:	6973	6.4%	0	
II. DETERMINATE SURVIVAL RATES:	6973	6.4%	0	
A. Treatment:				
Surgery:	3252 2043	14.9% 22.1%	0	
Radiation Therapy:	0		0	
Surgery and Radiation Therapy:	0		0	
B. Staging:				
Stage I: (Disease which is strictly confined to the mucosa of the bronchus with no evidence of fixation or metastases.)	0		0	
Stage II: (Disease which infiltrates the wall of the bronchus producing fixation. No evidence of metastases.)	0		0	
Stage I and/or Stage II:	264	37.1%	0	
Stage III: (Disease which is primary in the bron-chial mucosa with neighboring mediastinal lymph node metastases.)	131	19.8%	0	
Stage IV:	1230	0.7%	0	
C. Histologic Type:		· · · · · · · · · · · · · · · · · · ·		
Squamous Cell Carcinoma:	899	14.7%	0	
Adenocarcinoma:	231	9.0%	0	
Anaplastic or Undifferentiated Ca.:	713	6.4%	0	

LUNG

- 1. Belcher, J. R.: Lobectomy for bronchial carcinoma. Lancet 1: 349-352, 1956.
- Boyd, D. P.; Smedal, M. I.; Kirkland, H. B., Jr.; Kelley, G. E., and Trump, J. G.: Carcinoma of lung; report of 403 cases. <u>J. Thoracic Surg.</u> 28: 392-411, 1954.
- Cahan, W. G.: Lung cancer associated with cancer primary in other sites. Am. J. Surg. 89: 494-514, 1955.
- Collier, F. C.; Blakemore, W. S.; Kyle, R. H.; Enterline, H. T.; Kirby, C. K., and Johnson, J.: Carcinoma of Lung; factors which influence 5-year survival with special reference to blood vessel invasion. <u>Ann. Surg.</u> 146: 417-423, 1957.
- Ehler, A.; Stranahan, A., and Olson, K. B.: Bronchogenic carcinoma; study of 517 cases. New England J. Med. 251: 207-213, 1954.
- Gibbon, J. H., Jr.; Allbritten, F. F., Jr.; Templeton, J. Y., III, and Nealon, T. F., Jr.: Cancer of lung--analysis of 532 consecutive cases. <u>Ann. Surg.</u> 138: 489-501, 1953.
- Gibbon, J. H., Jr.; Templeton, J. Y., III, and Nealon, T. F., Jr.: Factors which influence long-term survival of patients with cancer of lung. <u>Ann. Surg.</u> 145: 637-643, 1957.
- Gifford, J. H., and Waddington, J. K. B.: Review of 464 cases of carcinoma of lung treated by resection. <u>Brit. M. J.</u> 1: 723-730, 1957.
- Kirklin, J. W.; McDonald, J. R.; Clagett, O. T.; Moersch, H. J., and Gage, R. P.: Bronchogenic carcinoma; cell type and other factors relating to prognosis. Surg. Gynec. & Obst. 100: 429-438, 1955.
- Moore, S. W., and Cole, D. R.: Primary malignant neoplasms of lung. <u>Ann. Surg.</u> 141: 457-468, 1955.
- Ochsner, A.; Ray, C. J., and Acree, P. W.: Cancer of lung; review of experiences with 1,457 cases of bronchogenic carcinoma. Am. Rev. Tuberc. 70: 763-783, 1954.
- Ochsner, A.; Schramel, R. J.; Blalock, J.; Keeling, J. H., and Haley, J.: Carcinoma of lung. A. M. A. Arch. Surg. 74: 642-646, 1957.
- Overholt, R. H., and Bougas, J. A.: End results in cancer of lung. <u>In</u> Proceedings of the Third National Cancer Conference. Philadelphia, Pa. J. B. Lippincott Company. 1957; pp. 855-858.
- Overholt, R. H., and Bougas, J. A.: Fifty-one cases of lung cancer with 5-year survival. J. A. M. A. 161: 961-963, 1956.
- Overholt, R. H., and Bougas, J. A.: Surgery for pulmonary cancer; declaration of dividends. Dis. Chest. 29: 595-604, 1956.
- Paulson, D. L.: Survival rates following resection for bronchogenic carcinoma Ann. Surg. 146: 997-1010, 1957.
- Sellors, T. H.: Results of surgical treatment of carcinoma of lung. <u>Brit. M. J.</u> 1: 445-448, 1955.
- Shaw, R. R., and Paulson, D. L.: Scientific exhibit; bronchogenic carcinoma. Postgrad. Med. 19: 147-160, 1956.
- Watson, W. L.: Radical surgery for lung cancer; evolution of operation of radical pneumonectomy and 5-year end results. <u>Cancer</u> 9: 1167-1172, 1956.

		no. cases eval.	5 year survival	no. cases eval.	10 year survival
I. <u>A</u>	ABSOLUTE SURVIVAL RATES:	2481	3.4%	0	
II. I	DETERMINATE SURVIVAL RATES:	2269	3.7%	0	
A. <u>T</u>	reatment:				
St	rgery:	802 32 2	8.7% 15.8%	0	
R	adiation Therapy:	1054	0.6%	0	
<u>S</u> 1	urgery and Radiation Therapy:	39	7.6%	0	
B. <u>S</u>	taging:				
<u>s</u>	tage I: (Disease which is strictly confined to the mucosa of the esophagus with no evidence of fixation or metastases.)	0		0	
<u>s</u>	tage II: (Disease which infiltrates the wall of the esophagus producing fixation. No evidence of metastases.)	0		0	
S	tage III: (Disease which is primary in the esophogeal mucosa with neighboring mediastinal lymph node metastases.)	0		0	
-	Stage <u>IV</u> : (Disease which is primary in the esophageal mucosa with extension into other organs and/or distant metastases.)	0		0	
ADD	ITIONAL INFORMATION:				
	Location of Lesion:				
	Upper and midthoracic esophagus:	292	3.4%	0	
	Lower and abdominal esophagus:	333	11.7%	0	

ESOPHAGUS

- Adams, H. D.; Hare, H. F.; Davis, W. L.; Trump, J. G., and Granke, R. C.: Treatment of carcinoma of esophagus and cardia by resection and postoperative supervoltage roentgen rays. Ann. Surg. 138: 631-642, 1953.
- Carey, J. M., and Clagett, O. T.: Carcinoma of lower portion of esophagus and cardia of stomach. Ann. Surg. 142: 2-5, 1955.
- Chauncy, L. R.: Results of surgical treatment of carcinoma of esophagus and gastric cardia; follow-up study. A. M. A. Arch. Surg. 68: 872-885, 1954.
- Garlock, J. H., and Klein, S. H.: Surgical treatment of carcinoma of esophagus and cardia; analysis of 457 cases. <u>Ann. Surg.</u> 139: 19-34, 1954.
- MacManus, J. E.; Paine, J. R.; Dunn, J., and Merdinger, W.: Carcinoma of esophagus; report of cases; 1947 to 1953. Surgery 40: 510-514, 1956.
- Mustard, R. A., and Ibberson, O.: Carcinoma of esophagus; review of 381 cases admitted to Toronto General Hospital 1937-1953 inclusive. <u>Ann. Surg.</u> 144: 927-940, 1956.
- Postlethwait, R. W.; Sealy, W. C.; Emlet, J. R., and Zavertnik, J. J.: Squamous cell carcinoma of esophagus. <u>Surg. Gynec. & Obst.</u> 105: 465-472, 1957.
- Sweet, R. H.: Late results of surgical treatment of carcinoma of esophagus. J. A. M. A. 155: 422-425, 1954.
- Sweet, R. H.: Present status of treatment of carcinoma of esophagus. [Edit.] <u>A. M. A. Arch.</u> Surg. 69: 1-3, 1954.
- Sweet, R. H.: End results in cancer of esophagus. In Proceedings of the Third National Cancer Conference. Philadelphia, Pa. J. B. Lippincott Company. 1957; pp. 890-894.
- Watson, W. L., and Goodner, J. T.: Carcinoma of esophagus. Am. J. Surg. 93: 259-265, 1957.

		no. cases eval.	5 year survival	no. cases eval.	10 year survival
I. ABSOLUTE SURVIV	AL RATES:	9543	5.2%	1882	2.6%
II. DETERMINATE SUE	NIVAL RATES:	9364	5.3%	1833	2.7%
A. Treatment:					
Resected Cases Subtotal Gas	strectomy:sctomy:	4819 3401 1063 411	8.5% 23.8% 23.5% 9.0%	1194 921 0 0	5,8% 7.7%
Radiation Thera	<u>y</u> :	0		0	
Surgery and Rad	Lation Therapy:	0		0	
B. Staging:					
(Disease which the layers of the mucosa, m	n is strictly confined to the stomach wall involving scularis and/or serosa ation of the serosa. No stastases.)	0		0	
(Disease prima with extension tissues and/on	ary in the stomach wall a into the perigastric comenta but not involving No evidence of metastases.)	0		0	
Stage I and/or S	Stage II:	429	41.9%	61	6.5%
(Disease prima with lymph noo	ary in the stomach wall de metastases to the re- of the lesser or greater	670	11.7%	119	2.5%
(Disease prima with extension	ary in the stomach wall into other regional or and/or other lymph node	1776	0.1%	0	
C. Histologic Type:					
Adenocarcinoma:-		7681	4.4%	486	1.6%
Lymphoma:		47	44.6%	11	36.3%

STOMACH

- Beal, J. M., and Hill, M. R., Jr.: Evaluation of surgical treatment of carcinoma of stomach. <u>Surg.</u> Gynec. & Obst. 102: 271-278, 1956.
- Blalock, J., and Ochsner, A.: Carcinoma of stomach; study of 18 5-year survivors. <u>Ann. Surg.</u> 145: 726-737, 1957.
- Brunschwig, A.: Five-year survivors following pancreatosplenogastrectomy for "advanced" cancer of stomach. <u>Ann. Surg.</u> 141: 62-69, 1955.
- Burnett, H. W., Jr., and Herbert, E. A.: Role of irradiation in treatment of primary malignant lymphoma of stomach. <u>Radiology</u> 67: 723-727, 1956.
- Colp, R., and Jemerin, E. E.: Is total gastrectomy justified in carcinoma of stomach? <u>New York State J. Med.</u> 55: 75-82, 1955.
- Comfort, M. W.; Gray, H. K.; Dockerty, M. B.; Gage, R. P.; Dornberger, G. R.; Solis, J.; Epperson, D. P., and McNaughton, R. A.: Small gastric cancer. <u>A. M. A. Arch. Int. Med.</u> 94: 513-524, 1954.
- Fanger, H.: Long-term survival in cancer of breast, stomach, and in malignant melanomas. <u>Rhode Island M. J.</u> 38: 551-554, 564, 1955.
- Guiss, L. W.: Collective review; end results for gastric cancer; 2,891 cases. <u>Internat. Abstr. Surg.</u> 93: 313-331, 1951.
- Marshall, S. F., and Uram, H.: Total gastrectomy for gastric cancer; effect upon mortality, morbidity, and curability. <u>Surg. Gynec. & Obst.</u> 99: 657-675, 1954.
- Mayo, H. W., Jr.; Owens, J. K., and Weinberg, M.: Critical evaluation of radical subtotal gastric resection as definite procedure for antral gastric carcinoma. <u>Ann. Surg.</u> 141: 830-839, 1955.
- McNeer, G., and Pack, G. T.: End results in cancer of stomach. <u>In Proceedings of the Third National Cancer Conference</u>. Philadelphia, Pa. J. B. <u>Lippincott Company</u>. 1957; pp. 895-904.
- Moore, J. R., and Morton, H. S.: Gastric carcinoma; statistical review of 427 cases of carcinoma of stomach from 1941 through 1950. Ann. Surg. 141: 185-192, 1955.
- Raffl, A. B., and Kelley, G. E.: Five-year survival rate for gastric cancer; statistical study from Syracuse Medical Center. <u>Cancer</u> 6: 756-759, 1953.
- Ransom, H. K.: Cancer of stomach; report on cases treated by total gastrectomy. <u>Gastroenterology</u> 30: 191-207, 1956.
- Safar, P., and Cliffton, E. E.: Carcinoma of stomach; review of 161 cases treated at New Haven Hospital from January, 1941, to December, 1946, and comparison with 2 previous series, 1920-1930 and 1931-1940. Cancer 6: 1165-1173, 1953.
- Sanders, R. L., and McBurney, R. P.: Primary carcinoma of stomach; review of 180 surgical cases. <u>Am. Surgeon</u> 20: 952-958, 1954.
- Shahon, D. B.; Horowitz, S., and Kelly, W. D.: Cancer of stomach; analysis of 1,152 cases. <u>Surgery</u> 39: 204-221, 1956.
- Stammers, F. A. R.: Carcinoma of stomach. <u>Ann. Roy. Coll. Surgeons England</u> 16: 244-260, 1955.
- Thorbjarnarson, B.; Beal, J. M., and Pearce, J. M.: Primary malignant lymphoid tumors of stomach. Cancer 9: 712-717, 1956.
- Walters, W., and Berkson, J.: Improvement of 180 per cent in 5-year survival rate of patients with carcinoma of stomach. <u>Ann. Surg.</u> 137: 884-890, 1953.

	no.	5 year	no.	10 year
	eval.	survival	cases eval.	survival
I. ABSOLUTE SURVIVAL RATES:	642	2.1%	0	
II. DETERMINATE SURVIVAL RATES:	638	2.1%	0	
A. <u>Treatment</u> :				
Surgery: Resected Cases:	638 104	2.1% 5.7%	0	
Radiation Therapy:	0		0	
Surgery and Radiation Therapy:	0		0	
B. Staging:				
Stage I: (Disease which is primary in the gall bladder wall but with no extension beyond the serosa. No evidence of metastases.)	0		0	
Stage II: (Disease which is primary in the gall bladder wall with direct extension through the serosa into the liver tissue. No evidence of metastases.)	0		0	
Stage III: (Disease which is primary in the gall bladder wall with cystic duct and/or artery lymph node metastases.)	0		0	
Stage IV: (Disease which is primary in the gall bladder wall with extension to other organs than liver and/or other lymph node metastases.)	0		0	

GALL BLADDER

- 1. Burdette, W. J.: Carcinoma of gall bladder. Ann. Surg. 145: 832-847, 1957.
- Glenn, F., and Hays, D. M.: Carcinoma of extrahepatic biliary tract. <u>S. Clin.</u> North America 33: 479-492, 1953.
- Glenn, F., and Hays, D. M.: Scope of radical surgery in treatment of malignant tumors of extrahepatic biliary tract. <u>Surg. Gynec. & Obst.</u> 99: 529-541, 1954.
- Glenn, F., and Hill, M. R., Jr.: Extrahepatic biliary tract cancer. <u>Cancer</u> 8: 1218-1225, 1955.
- Pack, G. T.; Miller, T. R., and Brasfield, R. D.: Total right hepatic lobectomy for cancer of gall bladder; report of 3 cases. <u>Ann. Surg.</u> 142: 6-16, 1955.
- Rivkin, L. M.: Carcinoma of gall bladder; report of 52 operative cases and resume of literature. A. M. A. Arch. Surg. 70: 128-135, 1955.
- Roberts, B.: Primary carcinoma of gall bladder. Surg. Gynec. & Obst. 98: 530-534, 1954.
- Strohl, E. L., and Diffenbaugh, W. G.: Carcinoma of gall bladder. <u>A. M. A. Arch. Surg.</u> 70: 772-781, 1955.
- Tragerman, L. J.: Primary carcinoma of gall bladder; review of 173 cases. <u>California Med.</u> 78: 431-437, 1953.

	no. cases eval.	5 year survival	no. cases eval.	10 year survival
I. ABSOLUTE SURVIVAL RATES:	917	2.1%	0	
II. DETERMINATE SURVIVAL RATES:	916	2.1%	0	
A. <u>Treatment</u> :				
Surgery:	76 3 251	2.6% 13.9%	0	
Radiation Therapy:	0		0	
Surgery and Radiation Therapy:	0		0	
B. Staging:				
Stage I: (Disease which is primary in the pancreas or ampulla of Vater and strictly confined to that structure. No evidence of metastases.)	0		0	
Stage II: (Undefinable for this lesion)				
Stage III: (Disease which is primary in the pancreas or ampulla of Vater with adjacent lymph node metastases.)	0		0	
Stage IV:	0		0	
ADDITIONAL INFORMATION:				
Head of the Pancreas Lesions:	110	0.9%	0	
Ampulla of Vater Lesions:	54	27.7%	0	

PANCREAS AND AMPULLA OF VATER

- Loggan, P. B., and Kleinsasser, L. J.: Collective review; surgery of pancreas; results of pancreaticoduodenal resections reported in literature. <u>Internat.</u> <u>Abstr. Surg.</u> 93: 521-543, 1951.
- Moore, G. E., and Ure, B.: One-stage pancreatoduodenectomy with resection of superior mesenteric vein. <u>Surgery</u> 35: 734-742, 1954.
- Puestow, C. B.; Wurtz, K. G., and Olander, G. A.: Carcinoma of ampulla of Vater and head of pancreas causing jaundice. <u>A. M. A. Arch. Surg.</u> 69: 564-581, 1954.
- Rhoads, J. E.; Zintel, H. A., and Helwig, J., Jr.: Results of operations of Whipple type in pancreaticoduodenal carcinoma. <u>Ann. Surg.</u> 146: 661-668, 1957.
- Rob, C. G., and Smith, R.: Diagnosis and results of treatment of cancer of pancreas and ampulla of Vater. <u>Brit. M. J.</u> 2: 330-332, 1954.
- Stafford, E. S.; Trimble, I. R., and Classen, J. N.: Results of treatment of carcinoma of pancreas. <u>Ann. Surg.</u> 139: 800-805, 1954.

T APCOVERE GUNIARIA PARE	no. cases eval.	5 year survival	no. cases eval.	10 year survival
I. ABSOLUTE SURVIVAL RATES:	10333	34.2%	556	30.0%
II. DETERMINATE SURVIVAL RATES:	9775	36.2%	438	38.1%
A. <u>Treatment</u> :				
Surgery:	9300	37.6%	438	38.1%
Radiation Therapy:	165	5.4%	0	
Surgery and Radiation Therapy:	0		0	
B. Staging:				
Stage I: (Disease strictly confined to the layers of the bowel wall involving mucosa, muscularis and/or serosa without ulceration of the serosa. No evidence of metastases.)	265	66.7%	0	
Stage II: (Disease primary in the bowel wall with extension into the pericolonic tissues but not involving other organs. No evidence of metastases.)	606	52.8%	0	
Stage I and/or Stage II:	2731	64.5%	108	44.4%
Stage III: (Disease primary in the bowel wall with regional lymph node metastases.)	2076	32.8%	58	31.0%
Stage IV: (Disease primary in the bowel wall with extension into other organs or with distant metastases.)	80	11.2%	0	
C. <u>Histologic</u> Type:				
Adenocarcinoma:	9775	36.2%	438	38.1%
ADDITIONAL INFORMATION:				
Location of Lesion: Right Colon:	986	43.7%	0	
Transverse Colon: Left Colon: (descending colon and sigmoid)	68 477	44.1% 52.2%	0 83	48.1%
Rectosigmoid and Rectum:	3422 892 2474	49.0% 52.8% 47.6%	344 121 223	36.9% 36.3% 37. 2 %

COLON AND RECTUM

- Astler, V. B., and Coller, F. A.: Prognostic significance of direct extension of carcinoma of colon and rectum. <u>Ann. Surg.</u> 139: 846-852, 1954.
- Bacon, H. E.: Cancer of colon, rectum and anal canal; surgical approach with rates of 5- and 10-year survival. Am. J. Surg. 94: 567-572, 1957.
- Binkley, G. E., and Stearns, M. W., Jr.: Ten-year surgical results of rectal cancer. Surg. Gynec. & Obst. 93: 428-430, 1951.
- Cameron, D. A.; Chapnick, H. A., and McLean, D. W.: Cancer of large bowel; follow-up study of 420 cases from private, charity, and veterans hospitals. A. M. A. Arch. Surg. 69: 242-246, 1954.
- Cave, H. W.; Lewis, K. M., Jr., and Wichern, W. T.: Cancer of colon and rectum. S. Clin. North America 33: 443-451, 1953.
- Daland, E. M., and Michell, L. G.: Cancer of rectum; results of treatment of all cases admitted to Pondville Hospital June 1927 through December 1946. Surg. Gynec. & Obst. 97: 105-110, 1953.
- Griffin, G. D. J.; Judd, E. S., Jr., and Gage, R. P.: Carcinoma of right side of colon; operability, resectability and survival rates. <u>Ann. Surg.</u> 143: 330-336, 1956.
- Grinnell, R. S.: Results in treatment of carcinoma of colon and rectum; analysis of 2,341 cases over 35 year period with 5-year survival; results in 1,667 patients. Surg. Gynec. & Obst. 96: 31-42, 1953.
- Hallstrand, D. E.: Carcinoma of colon and rectum. <u>Surg. Gynec. & Obst.</u> 99: 234-240, 1954.
- Mayo, C. W., and Fly, O. A., Jr.: Analysis of 5-year survival in carcinoma of rectum and rectosigmoid. <u>Surg. Gynec. & Obst.</u> 103: 94-100, 1956.
- Muir, E. G.: Results of treatment in carcinoma of colon and rectum (Lettsomian lecture). Brit. M. J. 2: 742-746, 1956.
- 12. Phillips, J. W.; Dockerty, M. B., and Waugh, J. M.: Carcinoma of hepatic flexure. Cancer 8: 151-157, 1955.
- Prohaska, J. V.; Nelsen, T. S., and Evans, S. O.: Radical surgery in advanced carcinoma of intra-abdominal organs; therapeutic achievements. <u>A. M. A. Arch.</u> <u>Surg.</u> 73: 671-680, 1956.
- Stearns, M., Jr., and Deddish, M. R.: Influence of size on prognosis of operable cancer of rectum and distal sigmoid. <u>Cancer</u> 9: 139-140, 1956.
- Swinton, N. W.: Recent trends in treatment of cancer of colon and rectum. Am. J. Surg. 92: 727-734, 1956.
- 16. Waugh, J. M.; Block, M. A., and Gage, R. P.: Three-and 5-year survivals following combined abdominoperineal resection, abdominoperineal resection with sphincter preservation, and anterior resection for carcinoma of rectum and lower part of sigmoid colon. <u>Ann. Surg.</u> 142: 752-757, 1955.
- 17. Williams, C., Jr.: Carcinoma of colon in childhood. Ann. Surg. 139:816-822, 1954.
- Williams, I. G., and Horwitz, H.: Primary treatment of adenocarcinoma of rectum by high-voltage roentgen rays (1,000 kv). <u>Am. J. Roentgenol.</u> 76: 919-928, 1956.
- Wolfman, E. F., Jr.; Astler, V. B., and Coller, F. A.: Mucoid adenocarcinoma of colon and rectum. Surgery 42: 846-852, 1957.

	no. cases eval.	5 year survival	no. cases eval.	10 year survival
I. ABSOLUTE SURVIVAL RATES:	2063	29.6%	850	17.7%
II. DETERMINATE SURVIVAL RATES:	2033	30.1%	850	17.7%
A. Treatment:				
Surgery:	1248	32.6%	496	21.1%
Radiation Therapy:	0		0	
Surgery and Radiation Therapy:	264	41.6%	126	28.5%
B. Staging:				
Stage I: (Disease which is primary in the ovary and is strictly confined to that organ. No evidence of metastases.)	343	64.4%	147	48.9%
Stage II: (Disease which is primary in the ovary with extension to the Fallopian tubes, uterus, broad ligament or other ovary. No evidence of metastases.)	225	42.4%	90	25.5%
Stage III: (Disease which is primary in the ovary with regional obturator or iliac lymph node metastases.)	276	17.0%	89	5.6%
Stage IV:	399	4.5%	229	2.1%
C. <u>Histologic</u> Type:				
Papillary Pseudomucinous Cystadenocarcinoma	: 195	57.4%	19	42.1%
Papillary Serous Cystadenocarcinoma:	429	26.8%	153	14.5%
Solid Carcinoma:	135	14.8%	18	22.2%
Granulosa Cell Carcinoma:	109	77.9%	0	
Dysgerminoma:	71	26.7%	0	-

OVARY

- Busby, T., and Anderson, G. W.: Feminizing mesenchymomas of ovary; includes 107 cases of granulosa-, granulosa-theca-cell, and theca-cell tumors. <u>Am. J.</u> <u>Obst. & Gynec.</u> 68: 1391-1420, 1954.
- Cariker, M., and Dockerty, M.: Mucinous cystadenomas and mucinous cystadenocarcinomas of ovary; clinical and pathological study of 355 cases. <u>Cancer</u> 7: 302-310, 1954.
- Carlin, G. J., and Frodey, R. J.: Primary ovarian carcinoma. Obst. & Gynec. 9: 71-76, 1957.
- Davis, B. A.; Latour, J. P. A., and Philpott, N. W.: Primary carcinoma of ovary. Surg. Gynec. & Obst. 102: 565-573, 1956.
- Dockerty, M. B.: Primary and secondary ovarian adenoacanthoma. <u>Surg. Gynec. & Obst.</u> 99: 392-400, 1954.
- Ellis, F.: Malignant disease of ovary and radiotherapy; survey of 168 cases with 10-year follow-up. <u>J. Fac. Radiologists</u> 7: 1-10, 1955.
- Gardiner, C. A., and Slate, J.: Malignant tumors of ovary. <u>Am. J. Obst. & Gynec.</u> 70: 554-562, 1955.
- Henderson, D. N., and Bean, J. L.: Results of treatment of primary ovarian malignancy. <u>Am. J. Obst. & Gynec.</u> 73: 657-663, 1957.
- 9. Hesseltine, H. C., and Smith, R. L.: Ovarian malignancy. <u>Am. J. Obst. & Gynec.</u> 72: 1326-1334, 1956.
- Holman, J. C.: Prognosis of primary ovarian cancer with particular reference to embryonic tumours. <u>J. Obst. & Gynaec. Brit. Emp.</u> 62: 892-895, 1955.
- Javert, C. T., and Rascoe, R. R.: Serous cystadenocarcinoma of ovary; review of 127 cases. S. Clin. North America 33: 557-584, 1953.
- Pearse, W. H., and Behrman, S. J.: Carcinoma of ovary. <u>Obst. & Gynec.</u> 3: 32-45, 1954.
- Pedowitz, P.; Felmus, L. B., and Grayzel, D. M.: Dysgerminoma of ovary; prognosis and treatment. <u>Am. J. Obst. & Gynec.</u> 70: 1284-1297, 1955.
- Randall, J. H.: Treatment of ovarian carcinoma; evaluation of results at State University of Iowa Hospitals. <u>Obst. & Gynec.</u> 5: 445-451, 1955.
- Schmitz, H. E., and Isaacs, J. H.: Ovarian tumors. <u>Postgrad. Med.</u> 18: 127-137, 1955.

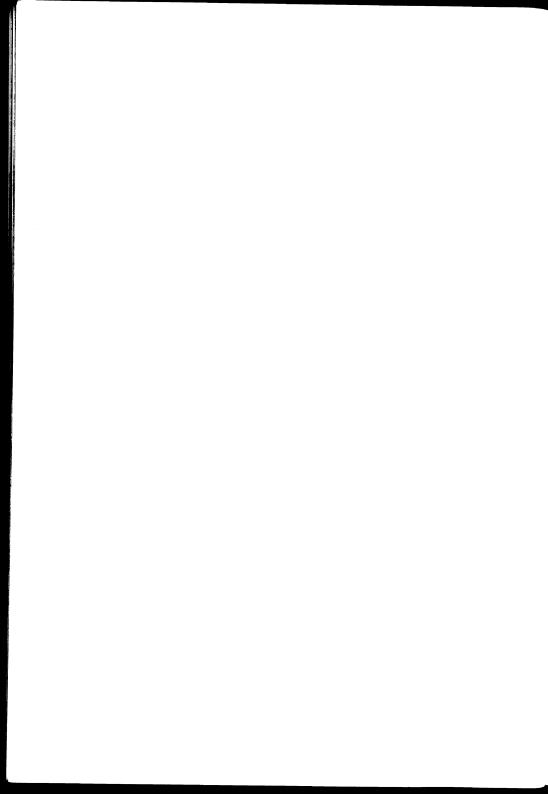
		·		
	no. cases eval.	5 year survival	no. cases eval.	10 year survival
I. ABSOLUTE SURVIVAL RATES:	13,247	35.5%	1604	26.6%
II. DETERMINATE SURVIVAL RATES:	12,430	37.9%	1578	27.1%
A. Treatment:				
Radiation Therapy:	9,354	38.7%	1196	20.3%
Radiation Therapy and Surgery:	1,089	49.8%	2 57	47.8%
Surgery:	590	48.4%	113	40.7%
B. Staging:				
Stage I: (Disease which is primary on the cervix with no extension onto the vagina or into the uterine canal or paracervical tissues. No evidence of metastases.)	1,889	70.1%	232	53.4%
Stage II: (Disease which is primary on the cervix with extension onto the adjacent vaginal canal. No evidence of metastases.)	4,349	48.6%	439	30.5%
Stage III: (Disease which is primary on the cervix with regional iliac or obturator lymph node metastases.)	3,668	25.9%	630	16.6%
Stage IV: (Disease which is primary on the cervix with parametrial invasion, regional or distant organ involvement and/or other lymph node metastases.)	1,263	8.7%	160	3.1%
C. Histologic Type:				
Squamous Cell Carcinoma:	3,357	39.4%	357	29.9%
Adenocarcinoma:	148	23.6%	30	16.6%
ADDITIONAL INFORMATION:				
Stump Carcinoma:	105	41.9%	0	
2nd Treatment - Radiation Therapy: 2nd Treatment - Radical Surgery:	110 123	16.3% 37.3%	0	

CERVIX

- Baker, H. W.; Brack, C. B., and Dickson, R. J.: Adenocarcinoma of cervix uteri. Obst. & Gynec. 4: 664-669, 1954.
- 2. Beecham, C. T.: Surgery for cervical carcinoma. Obst. & Gynec. 8: 482-486, 1956.
- van Bouwdijk, Bastiaanse, M. A.: Treatment of cancer of cervix uteri. <u>Am. J.</u> Obst. & Gynec. 72: 100-118, 1956.
- Brunschwig, A.: Surgical program for treatment of cancer of cervix; report of 5-year results. S. Clin. North America 33: 585-592, 1953.
- Brunschwig, A.: What can surgery accomplish in recurrent carcinoma of cervix? Am. J. Obst. & Gynec. 68: 776-780, 1954.
- Brunschwig, A.: Radical surgery for cancer of cervix metastasized to peripheral lymph nodes (excluding exenterations). <u>Surg. Gynec. & Obst.</u> 100: 575-582, 1955.
- Brunschwig, A., and Daniel, W.: Total and anterior pelvic exenteration; I, report of results based upon 315 operations. <u>Surg. Gynec. & Obst.</u> 99: 324-330, 1954.
- Brunschwig, A., and Daniel, W.: Evaluation of pelvic exenteration for advanced cancer of cervix. <u>Surg. Gynec. & Obst.</u> 103: 337-341, 1956.
- Brunschwig, A., and Daniel, W.: Surgical treatment of cancer of cervix recurrent after previous radiation therapy. <u>Surg. Gynec. & Obst.</u> 105: 186-190, 1957.
- Caulk, R. M.: Transvaginal roentgen therapy in cancer of cervical stump. <u>Am. J.</u> Roentgenol. 72: 469-473, 1954.
- Caulk, R. M.: Review of 17 years' experience with transvaginal roentgen therapy in cervical cancer. <u>Am. J. Roentgenol.</u> 76: 965-971, 1956.
- 12. Clayton, R. S.: Carcinoma of cervix uteri; 10-year study with comparison of results of irradiation and radical surgery. Radiology 68: 74-79, 1957.
- Dodds, J. R., and Latour, J. P. A.: Carcinoma of cervical stump. <u>Am. J. Obst. & Gynec.</u> 69: 252-255, 1955.
- 14. Fricke, R. E., and Decker, D. G.: Advances in radiation therapy of carcinoma of uterine cervix. Proc. Staff Meet. Mayo Clin. 30: 451-453, 1955.
- Fricke, R. E., and Decker, D. G.: Intensive divided-dose irradiation therapy of carcinoma of uterine cervix; rationale and late results. <u>Am. J. Roentgenol.</u> 75: 502-507, 1956.
- 16. Garcia, M.: Further observations on tissue dosage in cancer of cervix uteri. Am. J. Roentgenol. 73: 35-60, 1955.
- Glücksmann, A., and Cherry, C. P.: Incidence, histology, and response to radiation of mixed carcinoma (adenoacanthomas) of uterine cervix. <u>Cancer</u> 9: 971-979, 1956.
- Graham, J. B., and Hendrick, G.: Analysis of 100 cases of recurrent cancer of uterine cervix. <u>Surg. Gynec. & Obst.</u> 105: 482-484, 1957.
- Guttmann, R. J.: Dose distribution and results in carcinoma of cervix; comparison of conventional high-voltage therapy including vaginal cone therapy with supervoltage therapy. Am. J. Roentgenol. 77: 803-814, 1957.

- Hahm, G. A.: Diagnosis and management of uterine malignancy; 25-year experience. <u>Delaware State M. J.</u> 26: 29-36, 1954.
- Hahn, G. A.: Carcinoma of cervix uteri treated at American Oncologic Hospital, 1929 to 1949. <u>Am. J. Obst. & Gynec.</u> 69: 48-58, 1955.
- Heyman, J.: Some problems of current interest relating to classification and treatment of uterine carcinoma. <u>Am. J. Obst. & Gynec.</u> 69: 502-509, 1955.
- 23. Horne, H. W., Jr.: Carcinoma of cervix uteri, 1926-1948. Obst. & Gynec. 9: 167-174, 1957.
- Kelso, J. W.: Surgical management of carcinoma of cervix. <u>Surg. Gynec & Obst.</u> 103: 565-568, 1956.
- Maliphant, R. G.: Results of radium treatment of cancer of uterine cerivx with special reference to glandular and stump cancers. <u>J. Obst. & Gynaec. Brit. Emp.</u> 62: 367-371, 1955.
- Martin, C. L.: Approximation technique in treatment of cancer of cervix with irradiation. <u>Am. J. Roentgenol.</u> 77: 388-396, 1957.
- McDuff, H. C., Jr.; Waterman, G. W., and Martin, R. E.: Use of surgery in total management of cervical cancer; Rhode Island Hospital experience. <u>Ann. Surg.</u> 139: 420-429, 1954.
- Liu, W., and Meigs, J. V.: Radical hysterectomy and pelvic lymphadenectomy; review of 473 cases including 244 for primary invasive carcinoma of cervix. Am. 69: 1-32, 1955.
- 29. Meigs, J. V.: Carcinoma of cervix--discussion. Ann. Surg. 143: 744-751, 1956.
- Meigs, J. V., and Liu, W.: Surgical and pathologic classification for cancer of cervix; evaluation of 250 cases. <u>Surg. Gynec. & Obst.</u> 100: 555-558, 1955.
- Mitra, S.: New approach to extended radical vaginal hysterectomy for cancer of cervix. Cancer 6: 765-770, 1953.
- Prystowsky, H., and Brack, C. B.: Carcinoma of cervix in pregnancy. <u>Obst. & Gynec.</u> 7: 522-526, 1956.
- del Regato, J. A.: Integral roentgen therapy for carcinoma of cervix uteri. Am. J. Roentgenol. 71: 676-682, 1954.
- Schlink, H. H.: Cancer of uterus; Wertheim operation. M. J. Australia 1: 503-508, 1953.
- Schmitz, H. E.; Geiger, C. J.; Smith, C. J., and Blichert, P. A.: Carcinoma of cervix; failure of haphazard treatment. <u>Obst. & Gynec.</u> 4: 75-81, 1954.
- 36. Van Herik, M., and Fricke, R. E.: Results of radiation therapy for recurrent cancer of cervix uteri. Am. J. Roentgenol. 73: 437-441, 1955.

	no. cases eval.	5 year survival	no. cases eval.	10 year survival
I. ABSOLUTE SURVIVAL RATES:	4636	55.6%	634	45.7%
II. DETERMINATE SURVIVAL RATES:	4470	57.7%	627	46.2%
A. Treatment:				
Surgery:	660	67.1%	0	
Surgery and Radiation Therapy: Preoperative Radiation and Surgery: Postoperative Radiation and Surgery:	931 734 155	70.9% 73.9% 60.6%	0 0 0	
Radiation Therapy:	1075	36.3%	0	
B. Staging:				
Stage I:	227	80.1%	0	
Stage II:	941	65 .1%	0	
Stage III: (Disease which is primary in the endometrium with regional obturator or iliac lymph node metastases.)	0		0	
Stage IV: (Disease which is primary in the endometrium with adjacent or distant organ involvement and/or other lymph node metastases.)	52	11.5%	0	
Stage III and/or Stage IV:	411	21.8%	0	
C. <u>Histologic</u> Type:				
Adenocarcinoma:	4451	57.8%	627	46.2%
Sarcoma:	19	21.0%	0	



CORPUS

- Bourne, H. B.; Latour, J. P. A., and Philpott, N. W.: Review of 306 cases of endometrial carcinoma. <u>Surg. Gynec. & Obst.</u> 101: 753-758, 1955.
- Corscaden, J. A., and Tovell, H. M. M.: Management of carcinoma of corpus. <u>Am.</u> <u>J. Obst. & Gynec.</u> 68: 737-760, 1954.
- Cosbie, W. G.; Anderson, W.; Millar, O. B., and Bunker, M. L.: Carcinoma of body of uterus. Am. J. Obst. & Gynec. 67: 1014-1027, 1954.
- Costolow, W. E.; Nolan, J. F.; Budenz, G. C., and Du Sault, L.: Radiation treatment of carcinoma of corpus uteri. <u>Am. J. Roentgenol.</u> 71: 669-675, 1954.
- Graham, J. B.: Treatment of choice in cancer of uterine corpus. New England J. Med. 254: 1112-1119, 1956.
- 6. Hawksworth, W.: Carcinoma of body of uterus. M. Press 234: 89-94, 1955.
- 7. Hesseltine, H. C., and Smith, R. L.: Ovarian malignancy. Am. J. Obst. & Gynec. 72: 1326-1334, 1956.
- Heyman, J.: Some problems of current interest relating to classification and treatment of uterine carcinoma. Am. J. Obst. & Gynec. 69: 502-509, 1955.
- Hunt, H. B.: Comparative radiotherapeutic results in carcinoma of endometrium as modified by prior surgery and postirradiation hysterosalpingo-oophorectomy. <u>Radiology</u> 66: 653-665, 1956.
- Javert, C. T., and Douglas, R. G.: Treatment of endometrial adenocarcinoma; study of 381 cases at New York Hospital; preliminary report. <u>Am. J. Roentgenol.</u> 75: 508-514, 1956.
- Kottmeier, H. L.: Place of radiation therapy and of surgery in treatment of uterine cancer. J. Obst. & Gynaec. Brit. Emp. 62: 737-773, 1955.
- McKelvey, J. L., and Tompkins, M. C.: <u>In</u> discussion of Kottmeier, H. L.: Place of radiation therapy and of surgery in treatment of uterine cancer. <u>J. Obst. & Gynaec. Brit. Emp.</u> 62: 737-773, 1955; 751-759.
- Nugent, F. B., and Gleichert, J. E.: Carcinoma of endometrium; survey of treatment and end results in community hospital. <u>Obst. & Gynec.</u> 7: 406-411, 1956.
- Randall, J. H., and Goddard, W. B.: Study of 531 cases of endometrial carcinoma. Surg. Gynec. & Obst. 103: 221-226, 1956.
- Sandberg, E. C., and McLennan, C. E.: Surgery alone for endometrial carcinoma. Obst. & Gynec. 9: 670-675, 1957.
- Schlink, H. H.: Cancer of uterus; Wertheim operation. M. J. Australia 1: 503-508, 1953.
- Schwartz, A. E., and Brunschwig, A.: Radical panhysterectomy and pelvic node excision for carcinoma of corpus uteri. <u>Surg. Gynec. & Obst.</u> 105: 675-680, 1957.
- Sherman, A. I., and Arneson, A. N.: Carcinoma of endometrium. <u>Am. J. M. Sc.</u> 228: 701-712, 1954.
- Swinton, N. W.; Schwyzer, H. C., and Sass, R. E.: Carcinoma of endometrium. S. Clin. North America 34: 791-799, 1954.

- Symmonds, R. E., and Dockerty, M. B.: Sarcoma and sarcoma-like proliferations of endometrial stroma; I, clinicopathologic study of 19 mesodermal mixed tumors. <u>Surg. Gynec. & Obst.</u> 100: 232-240, 1955.
- Webb, G. A.; Margolis, A. J., and Traut, H. F.: Adenocarcinoma of endometrium; evaluation of factors influencing prognosis and outline of plan of therapy based on these factors. <u>West. J. Surg.</u> 63: 407-419, 1955.

LESION: Vagina	101111			
	no. cases eval.	5 year survival	no. cases eval.	10 year survival
I. ABSOLUTE SURVIVAL RATES:	538	22.8%	102	22.2%
II. DETERMINATE SURVIVAL RATES:	517	23.7%	96	23.9%
A. Treatment:				
Radiation Therapy:	383	24.5%	0	
Surgery:	2 5	36.0%	0	
Surgery and Radiation Therapy:	29	27.5%	0	
B. Staging: Stage I:	59	35.5%	0	
Stage II: (Disease primary in the vagina and involving the adjacent vulva or cervix, or extending through all of the layers of the vagina but not involving any other organs. No evidence of metastases.	23	30.4%	0	
Stage I and/or Stage II:	219	35.6%	0	
Stage III: (Disease primary in the vagina with metastases to the regional groin lymph nodes.)	36	8.3%	0	
Stage IV: (Disease primary in the vagina with invasion of the bladder or rectum or other distant spread.)	43	0.0%	0	
Stage III and/or Stage IV:	124	7.2%	0	
C. Histologic Type:				
Squamous Cell Carcinoma:	393	22.6%	0	
Adenocarcinoma;	20	30.0%	0	

VAGINA

- Bivens, M. D.: Primary carcinoma of vagina; report of 46 cases. <u>Am. J. Obst. & Gynec.</u> 65: 390-399, 1953.
- Hesseltine, H. C., and Smith, R. L.: Ovarian malignancy. <u>Am. J. Obst. & Gynec.</u> 72: 1326-1334, 1956.
- 3. Kaiser, I. H.: Primary carcinoma of vagina. Cancer 5: 1146-1160, 1952.
- Messelt, O. T.: Primary carcinoma of vagina. <u>Surg. Gynec. & Obst.</u> 95: 51-58, 1952.
- Murphy, W. T.: Primary vaginal cancer; irradiation management and end results. Radiology 68: 157-168, 1957.
- Palmer, J. P., and Biback, S. M.: Primary cancer of vagina. <u>Am. J. Obst. & Gynec.</u> 67: 377-397, 1954.
- 7. Singh, B. P.: Primary carcinoma of vagina. Cancer 4: 1073-1082, 1951.
- Smith, F. R.: Primary carcinoma of vagina. <u>Am. J. Obst. & Gynec.</u> 69: 525-537, 1955.

LESION:	Vulva
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	no. cases eval.	5 year survival	no. cases eval.	10 year survival
I. ABSOLUTE SURVIVAL RATES:	684	31.2%	0	
II. DETERMINATE SURVIVAL RATES:	571	37.4%	0	
A. Treatment:				
Surgery:	146	53.4%	0	
Radiation Therapy:	116	20.6%	0	
Surgery and Radiation Therapy:	0		0	
B. Staging:				
Stage I:	0		0	
Stage II:	0		0	
Stage I and/or Stage II:	64	85.9%	0	
Stage III:	32	37.5%	0	
Stage IV: (Disease which is primary of the vulva with other organ involvement or lymph node metastases.)	28	0.0%	0	
C. <u>Histologic Type</u> :				
Squamous Cell Carcinoma:	555	38.3%	0	

VULVA

- Berven, E. G. E.: Carcinoma of vulva; treatment of cancer of vulva; symposium. Brit. J. Radiol. 22: 498-507, 1949.
- Cassidy, R. E.; Braden, F. R., and Cerha, H. T.: Factors that might influence prognosis in malignancies of vulva. <u>Am. J. Obst. & Gynec.</u> 74: 361-367, 1957.
- 3. Hesseltine, H. C., and Smith, R. L.: Ovarian malignancy. Am. J. Obst. & Gynec. 72: 1326-1334, 1956.
- Lesser, J. H., and Schwarz, H., II: External genital cancer; results of treatment at Ellis Fischel State Cancer Hospital. <u>Cancer</u> 8: 1021-1025, 1955.
- Tod, M. C.: Carcinoma of vulva; radium implantation treatment of carcinoma of vulva; symposium. <u>Brit. J. Radiol.</u> 22: 508-512, 1949.
- Way, S.: Results of planned attack on carcinoma of vulva. <u>Brit. M. J.</u> 2: 780-782, 1954.

	no. cases eval.	5 year survival	no. cases eval.	10 year survival
I. ABSOLUTE SURVIVAL RATES:	2718	22.2%	1195	12.7%
II. DETERMINATE SURVIVAL RATES:	2241	27.0%	1195	12.7%
A. Treatment:				
Surgery:	8 90	39.1%	191	21.4%
Surgery and Radiation Therapy:	499	20.2%	57	0.0%
Radiation Therapy:	662	21.2%	0	
B. Staging:				
Stage I: (Disease which is primary in the bladder mucosa and/or involving the submucosa, muscularis and serosa without ulceration of the serosa. No evidence of metastases.	108	85.1%	108	40.7%
Stage II: (Disease which is primary in the bladder mucosa with extension to paravesical tissues but without involvement of other organs. No evidence of metastases.)	71	40.8%	71	21.1%
Stage I and/or Stage II:	395	64.3%	179	32.9%
Stage III:	36	13.8%	36	0.0%
Stage IV:	2 7	0.0%	27	0.0%
C. Histologic Type:				
Transitional Cell Carcinoma:	1608 848 339	27.9% 35.4% 23.0%	1189 98 56	12.7% 30.6% 8.9%
Adenocarcinoma:	41	29.2%	0	
*Broder's classification				
NOTE: No case of benign papilloma was included	١.			

URINARY BLADDER

- Barnes, R. W.; Hadley, H. L.; Bergman, R. T., and Turner, R.: Conservative versus radical treatment of bladder tumors. M. J. Australia 1: 197-205, 1955.
- Brice, M., II; Marshall, V. F.; Green, J. L., and Whitmore, W. F., Jr.: Simple total cystectomy for carcinoma of urinary bladder; 156 consecutive cases 5 years later. Cancer 9: 576-584, 1956.
- Cook, F. E., Jr., and Kimbrough, J. C.: Bladder carcinoma; 5-year survival. J. Urol. 69: 507-510, 1953.
- Emmett, J. L., and Winterringer, J. R.: Experience with implantation of radon seeds for bladder tumors; comparison of results with other forms of treatment. J. Urol. 73: 502-515, 1955.
- Dean, A. L.; Mostofi, F. K.; Thomson, R. V., and Clark, M. L.: Restudy of first 1,400 tumors in Bladder Tumor Registry, Armed Forces Institute of Pathology. J. Urol. 71: 571-590, 1954.
- Green, J. L., and Whitmore, W. F., Jr.: Experience with simple cystectomy in treatment of carcinoma of bladder. <u>New York State J. Med.</u> 54: 3215-3218, 1954.
- Lockwood, I. H., and Chapman, S. B.: Therapy of carcinoma of urinary bladder. Am. J. Roentgeno1. 75: 519-524, 1956.
- Marshall, V. F.: Current clinical problems regarding bladder tumors. <u>Cancer</u> 9: 543-550, 1956.
- Marshall, V. F.; Holden, J., and Ma, K. T.: Survival of patients with bladder carcinoma treated by simple segmental resection; 123 consecutive cases 5 years later. <u>Cancer</u> 9: 568-571, 1956.
- Marshall, V. F., and Whitmore, W. F., Jr.: Surgical treatment of cancers of urinary bladder. Cancer 9: 609-619, 1956.
- Milner, W. A.: Conservative methods in treatment of tumors of bladder. <u>Bull.</u> New York <u>Acad. Med.</u> 29: 71-79, 1953.
- Mostofi, F. K.: Study of 2678 patients with initial carcinoma of bladder; I, survival rates. J. Urol. 75: 480-491, 1956.
- Mostofi, F. K.; Thomson, R. V., and Dean, A. L., Jr.: Mucous adenocarcinoma of urinary bladder. <u>Cancer</u> 8: 741-758, 1955.
- Nichols, J. A., and Marshall, V. F.: Treatment of bladder carcinoma by local excision and fulguration. Cancer 9: 559-565, 1956.
- 15. Poole-Wilson, D. S.: Treatment of malignant tumours of bladder by irradiation therapy. Brit. J. Urol. 26: 326-346, 1954.
- Prout, G. R., and Marshall, V. F.: Prognosis with untreated bladder tumors. Cancer 9: 551-558, 1956.

	no. cases eval.	5 year survival	no. cases eval.	10 year survival
I. ABSOLUTE SURVIVAL RATES:	690	46.8%	435	14.0%
II. DETERMINATE SURVIVAL RATES:	690	46.8%	433	14.0%
A. Treatment:				
Radiation Therapy:	0		0	
Radiation Therapy and Surgery:	0		0	
Surgery: Transurethral resection: Total Prostatectomy:	308 92 216	50.6% 52.1% 50.0%	160 92 68	8.7% 0.0% 20.5%
Endocrine Therapy: Estrogens Only: Orchiectomy Only: Estrogens and Orchiectomy:	337 24 18 179	46.2% 50.0% 38.8% 40.7%	228 24 18 70	17.5% 21.0% 5.5% 14.2%
B. Staging:	151	58 .2 %	110	27.2%
Stage I: (Disease which is primary in the prostate gland without extension through the capsule. No evidence of metastases.)	151	JO. 216	110	2, 4=10
Stage II: (Disease which is primary in the prostate gland with extension through the capsule into periprostatic tissues but without extension to other organs. No evidence of metastases.)	38	47.3%	24	25.0%
Stage III:	0		0	
Stage IV: (Disease which is primary in the prostate gland with adjacent or distant organ metastases and/or other lymph node metastases.)	62 a	17.7%	18	0.0%
Stage III and/or Stage IV:	114	31.5%	70	10.0%
C. Histologic Type:				
Adenocarcinoma:	568	47.7%	311	13.8%

PROSTATE GLAND

- Barnes, R. W.: Results of palliative treatment of early carcinoma of prostate. J. Urol. 70: 489-490, 1953.
- Burford, C. E., and Burford, E. H.: Cancer of prostate; results with conservative management. Missouri Med. 51: 443-445, 1954.
- 3. Colby, F. H.: Carcinoma of prostate; results of total prostatectomy. <u>J. Urol.</u> 69: 797-806, 1953.
- Ganem, E. J.: Advanced prostatic carcinoma; study of 10-year survival after antiandrogenic treatment. New England J. Med. 254: 1086-1087, 1956.
- Kimbrough, J. C.: Carcinoma of prostate; 5-year follow-up of patients treated by radical surgery. J. Urol. 76: 287-291, 1956.
- Staubitz, W. J.; Oberkircher, O. J., and Lent, M. H.: Clinical results of treatment of prostatic carcinoma over 10-year period. <u>J. Urol.</u> 72: 939-945, 1954.
- Turner, R. D., and Belt, E.: Study of 229 consecutive cases of total perineal prostatectomy for cancer of prostate. <u>J. Urol.</u> 77: 62-77, 1957.
- Van Buskirk, K. E., and Kimbrough, J. C.: Carcinoma of prostate. <u>J. Urol.</u> 71: 742-747, 1954.
- West, S. A.: End results in cancer of prostate. In Proceedings of the Third National Cancer Conference. Philadelphia, Pa. J. B. Lippincott Company. 1957; pp. 870-875.

LESION:	Penis
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		no. cases eval.	5 year survival	no. cases eval.	10 year survival
I. ABSOLU	TE SURVIVAL RATES:	407	34.1%	265	21.1%
II. DETERM	INATE SURVIVAL RATES:	377	36.8%	2 45	22.8%
A. Treatme	nt:				
Surgery		142	48.5%	78	25.6%
Radiati	on Therapy:	87	26.4%	76	14.4%
Surgery	and Radiation Therapy:	88	38.6%	68	25.0%
B. Staging	į:				
(Dise	ase which is primary on the penis strictly confined to that organ. No ence of metastases.)	141	58.8%	120	30.0%
Stage I	I: (Undefinable for this lesion.)				
(Disc	II:	145	28.2%	125	16.0%
(Dise	N:	60	1.6%	16	0.0%
C. Histolo	gic Type:				
Squamou	s Cell Carcinoma:	374	37.1%	244	22.9%

PENIS

- Furlong, J. H., Jr., and Uhle, C. A. W.: Cancer of penis; report of 88 cases. J. Urol. 69: 550-555, 1953.
- 2. Lederman, M.: Radiotherapy of cancer of penis. Brit. J. Urol. 25: 224-232, 1953.
- Lesser, J. H., and Schwarz, H., II: External genital cancer; results of treatment at Ellis Fischel State Cancer Hospital. <u>Cancer</u> 8: 1021-1025, 1955.
- 4. Staubitz, W. J.; Lent, M. H., and Oberkircher, O. J.: Carcinoma of penis. <u>Cancer</u> 8: 371-378, 1955.

====		no.	5 year survival	no. cases eval.	10 year survival
		eval.	22 0%	507	12.8%
1.	ABSOLUTE SURVIVAL RATES:	1899	23.0%	307	12.0%
II.	DETERMINATE SURVIVAL RATES:	1661	26.3%	482	13.4%
Α.	Treatment:				
	Surgery: Wide Local Excision: Wide Local Excision - Lymph Node Diss Amputation:	1332 335 316 22	30.8% 35.2% 23.1% 36.3%	382 28 29 0	13.8% 3.5% 0.0%
	Radiation Therapy:	22	0.0%	21	0.0%
	Surgery and Radiation Therapy:	0		0	
В.	Staging:			0	
	Stage I:	0		v	
	Stage II:	0		0	
	Stage I and/or Stage II:	262	46.1%	53	11.3%
	Stage III: (Disease as stated in Stage I or Stage II with regional lymphatic spread.)	208	16.3%	40	5.0%
	Stage IV:(Primary melanoma with distant metastases.)	220	0.0%	38	0.0%
== Al	DDITIONAL INFORMATION:				
	Location of Lesion: Subungual: Head and Neck: Oropharyngeal cavity: Trunk: Upper extremity: Lower extremity: Genitalia: Anorectal:	18 230 33 76 152 61 167 25	38.8% 26.5% 6.0% 35.5% 14.4% 29.5% 28.7% 16.0% 0.0%	0 0 0 0 0 0 0	

MELANOMA

- 1. Catlin, D.: Melanomas of skin of head and neck. Ann. Surg. 140: 796-804, 1954.
- Clifford, R. H., and Kelly, A. P., Jr.: Primary malignant tumors of hand. Plast. & Reconstruct. Surg. 15: 227-232, 1955.
- Dobson, L., and Walsh, R. A.: Malignant melanoma; critical review of surgical problems. West. J. Surg. 61: 518-523, 1953.
- Fanger, H.: Long-term survival in cancer of breast, stomach, and in malignant melanomas. Rhode Island M. J. 38: 551-554, 564, 1955.
- Hall, J. R.; Phillips, C., and White, R. R.: Melanoma; study of 222 cases. Surg. Gynec. & Obst. 95: 184-190, 1952.
- Lund, R. H., and Ihnen, M.: Malignant melanoma; clinical and pathologic analysis of 93 cases; is prophylactic lymph node dissection indicated? <u>Surgery</u> 38: 652-659, 1955.
- McCune, W. S., and Letterman, G. S.: Malignant melanoma; 10-year results following excision and regional gland resection. <u>Ann. Surg.</u> 141: 901-909, 1955.
- McWhorter, H. E., and Woolner, L. B.: Pigmented nevi, juvenile melanomas, and malignant melanomas in children. <u>Cancer</u> 7: 564-585, 1954.
- Meyer, H. W.: Malignant melanoma--importance of early aggressive treatment. Surgery 41: 335-340, 1957.
- Meyer, H. W., and Gumport, S. L.: Malignant melanoma; appraisal of disease and analysis of 105 cases. <u>Ann. Surg.</u> 138: 643-660, 1953.
- Moore, E. S., and Martin, H.: Melanoma of upper respiratory tract and oral cavity. Cancer 8: 1167-1176, 1955.
- Pack, G. T.: Problem of malignant melanoma. <u>In</u> Proceedings of the Second National Cancer Conference. New York, N.Y. American Cancer Society, Inc. 1954; pp. 54-70.
- Preston, F. W.; Powers, R. C.; Clarke, T. H., and Walsh, W. S.: Malignant melanoma; treatment and end results in 225 cases. A. M. A. Arch. Surg. 69: 385-392, 1954.
- 14. Riddell, D. H., and McSwain, B.: Malignant melanoma; review of 63 patients. Am. Surgeon 20: 827-833, 1954.
- Royster, H. P., and Baker, L. M.: Management of malignant melanoma. <u>Ann. Surg.</u> 145: 888-892, 1957.
- 16. Wright, R. B.; Clark, D. H., and Milne, J. A.: Malignant cutaneous melanoma; review. Brit. J. Surg. 40: 360-368, 1953.

LESION: Soit lissue salcome				
	no. cases eval.	5 year survival	no. cases èval.	10 year survival
I. ABSOLUTE SURVIVAL RATES:	732	27.7%	0	
II. DETERMINATE SURVIVAL RATES:	592	33.9%	0	
A. Treatment:				
Surgery:	167	32.3%	0	
Radiation Therapy:	65	13.8%	0	
Surgery and Radiation Therapy:	88	26.1%	0	
B. Staging: Stage I: (Disease which is primary in the soft tissue and is localized to that primary site. No evidence of metastases.)	0		0	
Stage III: (Undefinable for this lesion.) Stage III: (Disease which is primary in the soft tissue with regional lymph node metastases.)	0		0	
Stage IV:	0		0	
C. Histologic Type:				
Angiosarcoma: Dermatofibrosarcoma Protuberans: Fibrosarcoma: Kaposi's Sarcoma: Liposarcoma: Malignant Neurilemona: Malignant Synovioma: Osteogenic Sarcoma: Rhabdomyosarcoma:	11 13 63 28 64 32 37 35 68	27.2% 69.2% 39.6% 28.5% 35.9% 59.3% 21.6% 8.6% 35.2%	0 0 0 0 0 0	
ADDITIONAL INFORMATION: Location of Lesion: Upper Extremity: Lower Extremity: Trunk: Retroperitoneal:	78 195 120 149	46.1% 32.3% 50.0% 16.7%	0 0 0 0	

SOFT TISSUE SARCOMA

- Brindley, H. H.; Phillips, C., and Fernandez, J. N.: Fibrosarcoma of extremities; review of 45 cases. J. Bone & Joint Surg. 37-A: 602-608, 1955.
- Clark, R. L., Jr.; Martin, R. G.; White, E. C., and Old, J. W.: Clinical aspects of soft tissue tumors. A. M. A. Arch. Surg. 74: 859-870, 1957.
- Fine, G., and Stout, A. P.: Osteogenic sarcoma of extraskeletal soft tissues. <u>Cancer</u> 9: 1027-1043, 1956.
- Johnson, A. H.; Searls, H. H., and Grimes, O. F.: Primary retroperitoneal tumors. <u>Am. J. Surg.</u> 88: 155-161, 1954.
- Pack, G. T.: End results in treatment of sarcomata of soft somatic tissues.
 <u>J. Bone & Joint Surg.</u> 36-A: 241-263, 1954.
- Pack, G. T., and Ariel, I. M.: Sarcomas of soft somatic tissues in infants and children. Surg. Gynec. & Obst. 98: 675-686, 1954.
- Pack, G. T., and Pierson, J. C.: Liposarcoma; study of 105 cases. <u>Surgery</u> 36: 687-712, 1954.
- Pack, G. T., and Tabah, E. J.: Collective review; primary retroperitoneal tumors; study of 120 cases. <u>Internat. Abstr. Surg.</u> 99: 209-231, 313-341, 1954.
- Preston, F. W.; Walsh, W. S., and Clarke, T. H.: Cutaneous neurofibromatosis (von Recklinghausen's disease); clinical manifestations and incidence of sarcoma in 61 male patients. A. M. A. Arch. Surg. 64: 813-827, 1952.

	no. cases eval.	-5 year survival	no. cases eval.	-10 year survival
I. ABSOLUTE SURVIVAL RATES:	1755	16.5%	644	16.3%
II. DETERMINATE SURVIVAL RATES:	1470	19.7%	578	18.1%
A. Treatment:				
Surgery: Osteogenic Sarcoma: Chondrosarcoma: Ewing's Sarcoma: Fibrosarcoma:	374 176 10	17.3% 18.4% 14.5% 10.0% 26.2%	442 294 148 0 0	14.2% 15.3% 12.1%
Radiation Therapy: Osteogenic Sarcoma: Chondrosarcoma: Ewing's Sarcoma: Fibrosarcoma: Surgery and Radiation Therapy	11 11 33 17	8.3% 0.0% 0.0% 15.1% 5.8%	0 0 0 0	
Surgery and Radiation Therapy:	50 40 58	9.0% 6.0% 20.0% 1.7% 13.0%	0 0 0 0	
B. Staging: Stage I: (Disease which is primary within the bone without causing a break in the periosteum or changing the normal configuration of that bone. No metastase:			0	
Stage II:	oone ost-		0	
Stage III: (Undefinable for this lesion, Stage IV: (Disease which is primary within the bone with metastases to another bone and/or organ.)	0		0	
C. <u>Histologic</u> <u>Type</u> :				
Osteogenic Sarcoma:	- 296 - 118 - 102 - 67 - 29	17.6% 20.6% 5.9% 19.6% 37.3% 3.4% 11.7%	326 190 0 18 18 0	14.4% 18.9% 22.2% 33.3%

BONE

- Cade, S.: Osteogenic sarcoma; study based on 133 patients. <u>J. Roy. Coll. Surgeons Edinburgh</u> 1: 79-111, 1955.
- Carter, J. H.; Dickerson, R., and Needy, C.: Angiosarcoma of bone; review of literature and presentation of case. <u>Ann. Surg.</u> 144: 107-117, 1956.
- Coley, B., and Harrold, C. C., Jr.: Analysis of 59 cases of osteogenic sarcoma with survival for 5 years or more. <u>J. Bone & Joint Surg.</u> 32-A: 307-310, 1950.
- Coventry, M. B., and Dahlin, D. C.: Osteogenic sarcoma; critical analysis of 430 cases. J. Bone & Joint Surg. 39-A: 741-758, 1957.
- Dahlin, D. C., and Henderson, E. D.: Chondrosarcoma; surgical and pathological problem; review of 212 cases. J. Bone & Joint Surg. 38-A: 1025-1038, 1125, 1956.
- Francis, K. C.; Higinbotham, N. L., and Coley, B. L.: Primary reticulum cell sarcoma of bone; report of 44 cases. <u>Surg. Gynec. & Obst.</u> 99: 142-146, 1954.
- Higinbotham, N. L., and Coley, B. L.: Hemipelvectomy; experience in series of 39 cases. Cancer 9: 1233-1238, 1956.
- Ivins, J. C., and Dahlin, D. C.: Recticulum cell sarcoma of bone. <u>J. Bone &</u> Joint Surg. 35-A: 835-842, 1953.
- McLeod, J. J.; Dahlin, D. C., and Ivins, J. C.: Fibrosarcoma of bone. <u>Am. J.</u> Surg. 94: 431-437, 1957.
- Pack, G. T.: Major exarticulations for malignant neoplasms of extremities; interscapulothoracic amputation, hip joint disarticulation, and interilioabdominal amputation; report of end results in 228 cases. <u>J. Bone & Joint Surg.</u> 38-A: 249-262, 1956.
- Pascuzzi, C. A.; Dahlin, D. C., and Clagett, O. T.: Primary tumors of ribs and sternum. Surg. Gynec. & Obst. 104: 390-400, 1957.
- Prevo, S. B.: Clinical analysis of 205 cases of malignant bone tumor. J. Bone & Joint Surg. 32-A: 298-306, 1950.
- Thomson, A. D., and Turner-Warwick, R. T.: Skeletal sarcomat and giant cell tumour. <u>J. Bone & Joint Surg.</u> 37-B: 266-303, 1955.
- Tracey, J. F.; Brindley, H. H., and Murray, R. A.: Primary malignant tumors of bone. J. Bone & Joint Surg. 39-A: 554-560, 1957.
- Wang, C. C., and Schulz, M. D.: Ewing's sarcoma; study of 50 cases treated at Massachusetts General Hospital, 1930-1952 inclusive. New England J. Med. 248: 571-576, 1953.



